# THE LANCET.

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SURGICAL LECTURES,

DELIVERED BY

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## LECTURE 11.

*Carbuncle.*

GENTLEMEN,

I am now to speak of Carbuncle: it generally arises after some disorder has taken place in the digestive organs, and it is an inflammation which generally attacks a particular structure. Mr. HUNTER says, that he never saw carbuncle in the hospital but once, and that was in a gentleman's servant, a butler, who usually is a person who eats and drinks as much as he can. He finds, perhaps, that there is a part of his body getting very sore, generally on the fore part; he scratches it a little, and he finds that the skin at that part becomes a little thicker, and the more he scratches it the worse it becomes; the swelling continues to increase, remains of a white colour, and there is considerable pain attending it. Now, what can I say about it? all I can say is, that it becomes purplish, and the patient becomes very much out of health; he is what they generally call unwell. The skin covering such a swelling has a brawny hardness. Now, as the inflammation proceeds, ulceration takes place at one or more openings; the matter contained beneath, with the sloughs of the cellular membrane, make their escape. The matter being discharged the health mends, the aperture fills up, after the sloughs of cellular membrane have been removed from the subjacent parts. Sometimes sloughing has taken place in the integuments over these carbuncles, to a sufficient extent to admit of the matter beneath being got rid of; but these cases are few in number. An opening by the surgeon generally becomes necessary, and the part is immediately improving. I have seen many surgeons, however, hesitate to make an opening into such swellings, but they have been obliged to do at last what they have been reluctant to do at first, and the patients have done well. But, as to the propriety of operating, I should never feel any hesitation to do it; I should just take a double-edged knife and make a simple incision upon the part. By doing so you bring the disease completely to a crisis; a discharge takes place from the surrounding cellular substance, the tension of the skin and the irritation in a great measure subside, and the disease spreads no longer. Now I think, undoubtedly, that this is the most proper mode of treating the dis-

ease; formerly, it was recommended to make two incisions, so that a crucial aperture might be formed, but I do not know that this is necessary; I generally make a straight cut on the carbuncle longitudinally, and in all instances which I have seen I have found it amply sufficient. You bring it, I say, completely to a crisis, so that it spreads no more.

Mr. HUNTER says, that he has known people have carbuncles after they have met with some injuries, as blows on the legs and other parts, by which the system has become disordered, and who have done very well; so that it appears that there is no uniform state of constitution which produces them, but that they arise from a disturbed state of health. He seems to recommend the bark and soda; he thinks that they do good in this disease. I have no doubt that the *cause* of the complaint is a disordered state of the digestive organs, and of the mode of treating that disorder I have already spoken. If I could set all the digestive organs to rights; if, I say, I could set this disorder to rights, egad! I should do better than if I discovered a philosopher's stone, and have the knowledge of the art of prolonging life.

*Anthrax.*

With regard to what has been called Anthrax; the definition of it is not clear as it is given in surgical books. The swellings supposed to be anthrax have always begun, as far as I have seen, in the absorbent glands, such as those of the axilla and neck. There is considerable tumefaction and swelling, a purplish kind of tumour, a dusky red with a purplish hue; it is also sometimes of a blackish purple, the part becomes hard and afterwards has a quaggy feel; the part is opened, and a quantity of cellular substance, mixed with matter, comes away, like what happens in carbuncle. Now I conceive that it is to be treated in the same way as carbuncle, and I should deem him to be a very intelligent and decisive surgeon, who should at once discover anthrax and treat it in this way. Now I attribute this inflammation, as I do that of erysipelas, to a disordered state of the digestive organs. With regard to carbuncle, its very history seems to indicate that it occurs in people who have lived luxuriously and somewhat intemperately. I have never seen it but in persons who have lived very high, or who have much disordered their digestive organs.

Now then, I say, that there is a peculiar state of constitution produced by some previous disorder of the digestive organs, which causes this peculiarity in the local inflammation. I might tell you many cases to show that this is the case. I shall select the following one:—There was a man, who had made his fortune by plastering, whitewashing, and so on, and he took it into his head that he would be a gentleman; this was to be done, according to his idea, by eating and drinking as much as he could, and by not doing any work. He found, after a short time, that his appetite became bad; he could not eat so much as he did when he was first a gentleman, and this very much grieved him; he found, soon after, some troublesome

swellings form about different parts of his body, one of them was very large, and I was consulted; I found it to be a very large carbuncle, and opened it. I told him that he must live more abstemiously, take more exercise, and attend to the state of the digestive organs. He did so, and the carbuncles got well. Three years after I was sent for again to this person, and I found that he had been inattentive to the regulations which I had laid down for him, and that he had other carbuncles forming in different parts of his body. I told him what I thought of the matter; and he then began to tell me that he paid his apothecary so much every year for medicine, and that he thought that his health ought to have been kept in good repair; but said I, you must recollect that what might be very good reasoning in repairing a house will not be so here, for a man's body is not often in the best state of health because he has a large portion of materials put into it. Oh! his digestive organs had been long out of order, he complained of his waistcoats getting tight; there was serious visceral disease, and he died. A large quantity of water was found in his belly, and he had a diseased liver.

I recollect another case, where the person was not a *gourmand*; he did not eat too much, but he drank too much, his health was very much disordered, a large carbuncle formed upon his shoulder; this produced a great deal of constitutional irritation; he sprung up one night in bed, quite delirious, and afterwards fell into a state of insensibility and died. Here was evidently cerebral effusion, but how induced I cannot tell. It was not like an attack of apoplexy. It was a cerebral effusion, induced by stomachic irritation. Undoubtedly there is sloughing in boils, in anthrax, in carbuncle, and you may say that erysipelas is sometimes disposed to mortify; but I want to speak of mortification as a distinct subject.

*Mortification.*

Mortification is the want of life in a part. But mark you how differently this state may be induced; parts may die from exhaustion produced by inflammation; they may die from mere weakness, mere want of circulation; they may die from a great variety of causes. Mr. HUNTER said, that mortification is not simply the death of a part, for parts may die to a certain extent, and yet not mortify. Parts which have little power of life, mortify; it is a vital process, it is the last act of life; it is the conversion of a part into a slough. If you put on a caustic, you exhaust the vital principle of a part; what you have touched by the caustic comes off in the shape of a slough; the part is dead. It is not only deprived of life, but it is changed in appearance; it is a black, fibrous, homogenous mass; you cannot dissect it; you find that its original structure is altered; this is mortification. Now, considering it to be the last act of life, we may suppose that it is the result of considerable increased action. Gangrene has been called by different names; there is the gangrena sicca, gangrena humida, and so on. Gangrene is sometimes

attended by vesication, but vesication is sometimes the result of phlegmonous inflammation. There has been of late much talk of mortification of limbs, in which there is no sloughing, but I do not know why you should call that gangrene, the parts are dead, and you might as well say they are mortified. I have been accustomed to consider mortification as the conversion of parts into a slough, and when I speak of it in this way, I speak as a surgeon. I hear, however, other persons talk of the pale gangrene, and I have various opinions respecting it. They say it is the effect of the circulation being stopped or deficient, and they say this opinion is supported by dissections. I hear them say, also, that when the veins are affected, then we are likely to have the gangrena humida, and more likely to have effusion; all this may be true. All this I say may be true, but I think we have not sufficient experience to warrant us in asserting that it is so.

Mortification often takes place in a limb suddenly, after violent inflammation, with great pain; but I have seen instances in which it has occurred without much pain. Mortification sometimes happens from simple weakness in parts, especially in the extreme parts of the body. I have seen patients brought into this Hospital who have been exposed to hardships, who have suffered frequent fastings, who have been exposed to inclemency of weather, and who have had considerable mental anxiety. I have seen such persons lose their fingers, toes, lips, noses and ears. There is, in such cases, a diminution of the vital energy from cold in the parts remote from the centre of the circulation, and as the nose is very much exposed to the influence of cold, it very often mortifies.

Now it is necessary that you should attend to mortification as the result of cold, on account of the treatment which it demands. This is not uncommon in cold climates, where the inhabitants have to travel in sledges over the snow to the different villages in which a little society is to be found, and where, as they say, they very much enjoy themselves. Soon after the person has come into a heated room, one of the company says, Your nose is frosted, sir; he immediately leaves the room and rubs it over with snow, for he knows, that if he should remain in the room after this admonition had been given, he would atone for it by losing his nose. But such is the case, that as parts will sometimes die from weakness, so a part from being excited beyond its powers, will produce death. Now the object in the treatment is plain; if you apply powerful stimuli to a part which has been very much weakened, you will cause a destruction of it; the heat for example, of a room after a man's nose has been exposed to the influence of a very low temperature, is sufficient to destroy its vitality. The stimulus, then, necessary to raise the vital energy from the low condition in which it may be found, should be applied gradually; the friction with snow is very proper, and should be practised in like cases. Ice, when applied to hernia, has produced such a state of parts as might

be called frost bitten. Such things, have happened, such things may happen, and therefore I say that you should apply stimuli to such parts, but that you should do so by degrees. Excess of action is very likely to produce mortification, especially when connected with that state of system as is found in irritable or erysipelatous inflammation.

If mortification happen from weakness, it is very often to be found in persons in whom the whole system is in an irritable state from the great disorder of the digestive organs; and if it happen from excess of action, stimulants must be equally improper. You must soothe the part by applying the bread poultice; do not stimulate it, there is too much action in the part already. It is said in books of surgery, that stimulants are necessary, and that scarifications are necessary. We do not make applications to the dead part, but we ought to make them to the living. But I shall state to you a case in which scarifications are called for, that is, when erysipelas attacks a man's leg, and there is effusion beneath the integuments, the cellular membrane sloughs, and the disease spreads. You ask "*cui bono?*" Why, if you cut through the skin, you relax the surrounding parts; this takes off the tension, and very much contributes to diminish the inflammatory process. By cutting through the skin, you cut through the surrounding cellular substance, and allow it to make its escape. Do not stimulate the parts, however, I repeat, but put on a mild poultice. I will venture to say, that I have seen several lives saved by this practice, by scarifying the part, and letting out the collection of matter, and the sloughs of the cellular membrane. I do not think, I say, that stimulants are good applications; it is not reasonable that they should be, it is too much action that has killed the part. Be good enough to mind that I do not speak of the mortification of burns, unquestionably there are many cases in which stimulants are very necessary.

To call a mortification a nervous mortification might at first appear to a medical man a little extraordinary, but you may be easily convinced on the subject; viz. that mortification does not exclusively arise from alteration of the function of the nerves of the part, but partly of the sanguiferous system. I consider this subject to be one calculated to excite considerable interest.

There is a very peculiar state of health which leads to a peculiar local action, which I am about to describe. In that state of health sloughing takes place very readily, as it seems to be attributable to the state of the general health. Now I shall not be able to explain this subject in a long time, indeed I should never do it so well by any other method as the relation of the following case.

The man had an inflammation about the ancle which sloughed. His pulse was strong at first, and regular, he was very uneasy in mind, and the functions of the digestive organs were very much disturbed. The patient said, that every thing which he took lay like new bread in his stomach, he became very fretful and angry, and I

attended him, with a physician, and his usual medical attendant. I said, that I considered the cause of the sloughy state of the sore was to be found in the disordered state of the digestive organs. I believe they considered me a very peculiar personage for saying so, and I ordered purgatives. I will tell you what happened. When he got on the close-stool, he discharged a volley of shot, about 60 as he told me, he was very much relieved, and fell into a tranquil sleep. You know, I dare say, that it is no uncommon thing for jockeys to give the running horses of the opposite party shot in their corn; this artifice very much disturbs the digestive process, and their respiration becomes very much impaired. A gentleman that I know had a very beautiful horse, and expected the horse to win some race; he lost it, however, and he lost another. Very much surprised at this, he was one day at Tattersall's, and there mentioned the circumstance of his horse being off his feed, being short on his wind, and so on, as the time for running drew near, whereas he was in perfect health before. Tattersall then told him what these fellows were in the habit of doing, and on inquiry, he found that they had served him in this way. The boxing men say, that wind is strength, and strength is wind. However, to return to the case, the sloughing extended over one-third of the leg, and the disturbed state of his health was manifest by the disordered secretion from his bowels. The medicine which they had before given him to procure sleep, was of no avail, but what could not be accomplished by opium before, yet after the operation of the purgatives was effected without opium. I found him, when I called in the morning, in a tranquil sleep, the skin covered with a gentle perspiration, and the pulse more tranquil than it had been before. I congratulated the patient, and said, Now sir, your troubles are at an end. "What! sir," said the physician to me, "you are a fool." Oh! am I that I think a little time will show, and then I do not care what you may have thought me provided I am but found to be right, and then, I dare say, the patient will not think me a fool, ha! ha! Now, I said, I will tell you why I said that to the patient, it was to give him a better medicine than you could give him, it was to give him the cordial hope. Granulations sprung up in a day or two, cicatrization rapidly took place, and the leg healed.

The forms of disease which I have been mentioning this evening may be traced to that state of health which, in the early part of these lectures, I mentioned as being the fruitful parent of a very numerous and dissimilar progeny of local diseases; a state of health produced through the reciprocal action of the digestive organs on the nervous system, and the nervous system on the digestive organs.

I remember a man who had a little slough on his leg, which was rather longer in separating than usual, and it was proposed to stimulate the part. Lord bless my soul, said I, all you have to do, is to put on a bread and water poultice, let the foot rest on a stool, and attend to the state of the bowels. The case only wanted a little

time, the slough separated, and the patient did very well. I have known cases where the sloughs have been three or four months separating, and in that state of the general health which I have been describing, it is of no use to stimulate; I have known stale-beer-ground poultices applied, but the sloughs have only increased. Keep on a mild poultice and allay the constitutional disturbance.

As to the *mortification of the toes* which happens in *old people*, it is generally dependent on an ossification of the small arteries, the blood, of course, is prevented from circulating equally through the parts; sometimes it is attended with pain, and sometimes not. Sometimes accompanied by a degree of irritative inflammation, the cause of which will be found in the disordered state of the constitution.

In the *treatment of mortification of the toes*, it is wrong to apply stimulating applications. What I usually give as a medicine in these cases is the camphor mixture, with a little volatile alkali, or, if you please, you may give a little cardiac confection. Mr. POTT has written about the advantage of opium in this affection. If you find that there should be much pain, then opium will give great relief, but unless there should be much pain, I do not see what advantage is to be gained from it; there are many instances of mortification having taken place without any pain being felt.

## LECTURE 12.

*Of Œdema.*

HAVING already spoken of the various kinds of inflammatory affections, and the usual products of them, I have yet another affection to mention, and I am rather puzzled what to think of it; it is called *Œdema*. It is said, in surgical books, to be owing to an increased secretion of the arteries, or to a deficient absorption. I am in the habit of saying that we have no need of a ghost from the grave to tell us that. It is, I think, what you may call a truism; it needs no great penetration to see that, in general, one or other of these things produces this affection.

*Œdema* is divided in books of nosology, into the *Œdema aquosum*, *Œdema simplex*, and *Œdema solidum*; there is also the *Œdema è erythemate*, which is the aqueous or gelatinous œdema combined with a superficial erysipelatous inflammation, called *Erythema*. As to this œdema solidum, it is nothing but a gelatinous deposition like what you find in chronic inflammation. It is an increased arterious secretion inducing a deposition of a gelatinous matter; Oh! there can be no doubt of it:—a man's whole limb is enlarged in this way, and then it is a case of what they call *Elephantiasis* or *Bucnemia*. If it be not produced in this way, I do not know what else could do it. But in the œdema of a mere common character, I mean the aqueous œdema, which you frequently see, Mr. HUNTER says, that it more probably arises from too great a deposit of fluid than from a defective absorption, and for the following reason—from seeing these swellings get well as the powers of life decline; for then the circulation is carried on with less force, and the absorbents take up what has been poured out. There is not the least doubt, for it is proved by many cases, that absorption goes on when secretion has ceased; absorption goes on not only a little before death, but at and even after death. There is a vital activity in the absorbent vessels and they continue their functions as long as life exists. Well, I have told you as much as I can do about this disease, and I might go on to the treatment; but prior to this, I must tell you that I have even seen œdema the subject of metastasis. I remember one very remarkable case of it in this hospital. A woman had an œdematous swelling over one half of her face; it came on

suddenly, but she had been out of health before. You might say that it was erysipelas, and not œdema; but the skin was quite pale and of the common temperature. She took some medicine, but what I do not know. The œdema left her face and attacked her fore-arm; it swelled very much even as far as the elbow, and was attended with pain and pitting. The œdema, as I say, left her face, and attacked the arm; at the elbow there was a distinct circular line, a line of demarkation, as I may call it. The œdema had travelled on the arm to this place of demarkation, above which the skin had the natural appearance, and thinking it was not at all œdematous, Oh! a person would say, it could not be a distinct line; but I say it was a very distinct line, and that is all I can say of it. She lived many hours after this metastasis, and then she died. I was particularly anxious about the examination of this person, to try if we could discover the cause of death; but really we could find nothing wrong. She seemed to die from a difficulty of breathing, from an affection of the lungs; but I could see nothing wrong there, nor in her brain; and as to her digestive organs, to say the truth I could not see that they were unsound.

*Treatment of Œdema.*

Well, now as to the treatment of this disease. As it is probable that in general there is an increased deposition, we must try to check it, and to cause absorption. Upon my life, I know of nothing better than bandaging and gentle friction, and attention to the general health. Pressure promotes absorption, it supports the weak vessels. Well, so much for that.

The effusion may be the result of increased arterial action. When there is local disease, we denominate it from its predominant character, and there are certain diseases which we call inflammatory, believing them to arise from an increased arterial action of the part; but the whole of the part is disordered at the same time. Then in other cases we denominate the disease from its most predominant character; we believe it to arise from an indolent action in the absorbent vessels of the part. There are chasms formed by the absorbents, in different parts of the body; the absorbents take away what the arteries have deposited, and then the principal thing is increased absorption.

*Absorption.*

The definition which that thinking man JOHN HUNTER gave of it is very correct; he says, that there may be increased absorbent action so as to take away what has been deposited in the interstices of parts, so as to create a wasting of the parts. Interstitial deposits are removed by interstitial absorption, as happens in tumours, and with the fat, and so on. He divides absorption into *interstitial absorption, and progressive absorption.*

Now progressive absorption is really a term that would puzzle a person just at first to make out what is meant by it. It means the absorption of parts progressively or successively, one after the other. It is this process of absorption which causes abscesses to approach toward the surface of the body; or aneurisms to absorb parts that are placed over them. A man has an aneurism in his chest, the ribs and other structures are taken away as it enlarges, nay even the vertebral column itself is removed. This is what he means by progressive absorption, and all this happens without inflammation, without suppuration; it is simply the successive or progressive removal of parts. But this also gives progress to foreign bodies; and whether he had any thing of this kind in his head or not, I cannot tell. But I say it gives progress to foreign bodies. A man has a pin, needle, or thorn run into his hand, and it comes out at his shoulder. How does this happen? It is all against its own gravity;—why a path must be made for it, and the absorbents take away the parts; the muscular pressure and every thing of that kind urges it on; this is the cause of the travelling of foreign bodies through animal substances. A man swallowed a number of pins, and they came out at different parts of the body. A gentleman who was a student, here sent me a case of that kind, in which by some accident (for I may

say it was by a mere accident) the woman knew how many pins she put into her mouth. I forget now exactly the number, but it was between 40 and 60; they all came out in about six months, from different parts of the body, shoulder, breast, belly, legs, arms, and back. During the whole of this time she had most horrible nervous irritation. At last they were all discharged and she got very well. There has been a curious case published lately, where a young woman swallowed a number of pins, which worked their way out, but produced great irritation and pain; she had at last a pin-cushion full; but the most singular part of the story is, that she did not know how they got into her. Now I say, however, that there is not always this nervous irritation when foreign bodies are travelling about, for people are not sometimes aware that they have these things in them.

I remember a man who came up to London with a sore leg; it proved very untractable, and he consulted me. I examined the sore, and I saw a little black speck in the centre of the sore; I touched it with probe, and said, What is this? I took hold of it with a dressing forceps, and drew out a long black thorn; the wound healed directly. Asking the man about it, he said that he was coursing some months before, and in getting through a thicket or some kind of hedge he ran a thorn into the back part of his leg; he joined in the hunt, and felt no more of it until it came to the surface, and then the inflammation was set up. These foreign bodies, I say, often travel quietly along until they come near the surface, and then inflammation is set up as if to get rid of them. This is the general course of procedure in such cases. Now this is a subject which must be understood, or you can never understand the things that you must meet in your profession; this is the way in which foreign bodies travel, as bullets, broken pieces of bone, and so on; therefore I say, it is of consequence to understand what Mr. HUNTER calls progressive absorption, which is the taking away of animal matter progressively, so as to give exit to foreign bodies. It is really very curious; you may have a thing travelling in the course of the absorbents, without producing any disturbance of the sanguiferous or nervous systems.

A man consulted me who supposed that he had hernia, but he had none; there were three distinct lines or grooves made on the fore part of his belly by the absorption of the interstitial cellular structure. It was a very curious case, showing an absorption of parts without any inflammatory affection, without any nervous disturbance, and without pain. Then again, we have another kind of absorption. Mr. HUNTER said, that parts failing in their vital functions, having diminished powers of life, were more likely to be absorbed than others; and in this way he accounted for another kind of absorption, which he has called

*The Interstitial Absorption.*

Of this I shall next speak. But he seemed to be very much puzzled how to express what he meant by it; he had very clear and precise notions respecting it, but it is not always easy to make others understand a thing. If we look to the state of a part of the body when it wastes, we find that there is absorption going on, probably increased absorption. Mr. HUNTER said that this absorption was a process instituted by Nature, as it were to prevent the mortification of parts. It is a diseased action, or rather an action the consequence of disease, but having this beneficial effect, the prevention of a worse disease, which is the death and perishing of the part. Now if you bind a pea upon a man's arm, what happens? It sinks into a nice cellular cavity of a corresponding form; how can you account for this sinking in of the pea, unless the parts on which it pressed were taken away by this process; the absorption begins on the surface, the life of the part seems threatened by the pressure, and it is taken away. Pressure promotes absorption, and when the vital energies of a part are weakened by pressure, they are taken away. In bed-ridden persons you may see this happening. You may be aware, as Mr. HUNTER says, of the impossibility of producing on all occasions that kind of proof which would convince a sceptic; but in this dearth of direct evidence, he seems to turn the attention particu-

larly to a point brought forward by a man who had no theory to support; who was not a medical man; the chaplain of Lord Anson's voyage. He says, that during their voyage, the sailors had experienced great fatigue; that they suffered great privations from having merely salt provisions, and the scurvy broke out amongst them. He says that those men who formerly had ulcers had them break out again, and that those who had their bones broken had them severed again. Well, there was a state of ill health, and what Mr. HUNTER said happened; he said that newly formed parts have less life than old formed parts, and would sooner separate. You will be convinced that this is the truth, if you look at granulations; they have less vital energy, from being newly formed parts, and will more readily be absorbed.

As to this third process of absorption, namely the *ulceration*, it is a very compound disease. Parts may ulcerate with divers degrees of inflammation, or they may ulcerate without any inflammation at all. In general, the inflammation which attends ulceration is of an irritative kind, and such as would occasion the death of the part, if the absorbents did not remove it. I say it seems to be taken away with a view of preventing the death of the part by the sloughing process. During this action of the absorbents a chasm is produced, a discharge takes place from it, and that is all I know about it. This chasm is irregular, it has divers depths, it is not circular, it is irregular on its edges, as they say, with ragged edges; absorption has gone on more rapidly in one part than another, and the bowl of the ulcer is produced.

This ulcerative absorption being quieted, or being stopt, another process takes place, there is a filling up of the chasm by granulation; and then there is another process takes place, which is the formation of skin over the granulations. But during the whole process we call it an ulcer. I say, that if we were to watch this, the progress of this species of absorption, we should find it a very complex process, partly destructive, partly reparatory.

Well, now, if ulcers take place in the way to which I have called your attention, you must soothe and quiet the ulcer, so as to lessen its excessive action, which leads to that state which would cause a removal of the parts. I have seen many cases in this Hospital of that irritative inflammation attending ulceration which has been called erysipelas, which have been cured by soothing applications; such as simple dressings, bread and water poultices, and opium; the bread poultice made either simply with water, or with poppy water, and by regulating the state of the general health. You go on with such measures until the disease is arrested, and then an attempt at reparation is made; granulations are produced. These granulations are small depositions of jelly, or of a gelatinous substance, into which vessels pullulate and are organized.

These granulations produce new secretions of jelly, which also become organized, and in this way the bowl of the ulcer is filled up.

*Cicatrization.*

After the bowl of the ulcer has been filled up by granulations then comes the skinning process. The new skin you find commencing from the edges of the surrounding skin, from which it shoots like a pellicle over the surface of the granulations. The skin in general shoots from the surrounding skin, and if you place any thing on the edges of the sore, you prevent the vessels from shooting over the surface of the ulcer, and it cannot heal. The general rule, however, is not without an exception; for I have seen the skinning process take place in the middle of an ulcer, and extend to the surrounding skin. As to the nature of this growth which has taken place, some question has arisen whether it deserves to be called true skin; I say it does. It is not, like the other skin, thick and hard; but it has a cuticular covering and therefore deserves to be called skin; it is a tender and delicate skin, but it is a true skin. Has it a *rete mucosum?* No, says Mr. HUNTER, I do not think it has, for the cicatrix of an African is not black. Yet he met with some instances afterwards in which this happened, so as to show that this is a skinning process.

Well then, I say, the skin is formed, and then is the ulcer healed; but after this there is a very strange thing takes place again. The granulations which had filled the cavity of the ulcer, as Mr. HUNTER thought, became in a great degree absorbed, which produced a growing together of the circumference of the ulcer. When there is a circular ulcer of three inches in size, the skin becomes puckered, and the surface of such sore shall only be one inch in circumference. The edges of the skin which were before circular, become puckered up into folds and drawn together, and these folds become thickened. Oh! it is a very strange thing. It has been generally accounted for by supposing that there has been an *abaissement*, a wasting of the diseased parts; there is no other way of accounting for it that I know of, than by supposing that there is a wasting of the diseased part. As Mr. HUNTER said, the granulations become pale, hard and contracted, and produce a drawing together of the circumference or margin of the sore; causing that which was before circular to be puckered and drawn into longitudinal folds. It is a very powerful process, well, *cui bono?* You may say, what is the benefit of knowing that? In my opinion there is much benefit in knowing it, for we bring as much of the sound skin over an ulcer as we can. It is a process that you must consider: it is a process that you must know; for you can do nothing in your profession without it. Oh! hang it, we see that the edges of wounds are brought very much together, however great the interval might have been, I have known many instances in my time where professional men have been sued, and we ourselves may be sued in courts of justice, for malpractices. A child, for example, is burnt in the neck, the slough comes away, and the chasm is filled up by granulations, the skinning process takes place, and it is all very well for a time. But afterwards the granulations are absorbed, the skin becomes puckered into folds, and the chin is drawn towards the chest, and perhaps the chin nearly adheres to the collar-bone. If you have attended such a child, you might have been perhaps very careful during the separation of the slough, and afterwards you might have said the parts are now nearly well, there is no occasion for me to call any more. The parents finding the contraction taking place, have said, Oh! our child has been very much neglected; we will not put up with it, we will trounce him, we will force him to a court of justice; and so they ought if the surgeon neglects to inform them that he cannot prevent Nature's processes. There is a hard, tough band of skin, and another surgeon is called in; he says, Oh! I can set this to rights, very soon; he divides the bands, and the child can move her head more freely than before; then he says, ah! see what I have done. But, egad! the sore heals, and the contraction takes place as before.

I do not know that there is any good comes of dividing these bands. Mr. EARLE has certainly undertaken this affair in a very ingenious and scientific manner. He not only divides these bands, but he tries to alter the shape of the sore; he tries to make what was before a circular sore, a longitudinal one, and he has succeeded in many instances.

## REVIEW.

*A Treatise on Stricture of the Urethra, designed as a Manual for the Treatment of that Complaint.* By GEO. MACILWAIN, Member of the Royal College of Surgeons, &c. 8vo. Anderson; London.

"Ne quid nimis," "Too much of one thing is good for nothing," is our author's motto, and he further proceeds to detail in his preface the views which induced him to produce the little volume before us.

"I cannot suffer," says he, "this little treatise to appear before the public, without its being accompanied by a brief account of those views which led to its publication. Any surgeon acquainted with the works which have been published on stricture of the urethra, will perceive that the authors generally recommend one

kind of treatment to the virtual exclusion of all others; now the variety which exists in the nature of strictures, does not admit of the exclusive adoption of any one mode of practice; and as this circumstance was productive of much annoyance to myself when I commenced practice, &c."—p. v.

The work is divided into thirteen chapters, eleven of which are occupied by the various subjects of stricture, irritable urethra, bladder, retention of urine, abscesses, and fistula in perinæo. The 12th chapter treats of the removal of stricture by incision, and the 13th of stricture in the female, to which is appended a case. The principles and practice detailed in the book are also illustrated by ten cases. After the voluminous works which have appeared on these subjects, we can scarcely expect to find much original matter in a production like the present. Indeed our author tells us—

"That his object is not the promulgation of any thing new, but the proper application of that which is already known."—Preface, p. 6.

Very good; and if all authors would honestly declare their intentions, and act up to them in a similar manner, much of the critic's time would be more agreeably employed. Of the little book before us we think well, and can recommend it to our junior friends as "a manual for the treatment of stricture." Were we fastidious critics, we might find fault with the composition, which is generally rugged and uneasy, and in some places ungrammatical; but however much we may wish to see books, in our profession, written with that just attention to style which its high rank among the liberal sciences undoubtedly authorizes us to expect, we would rather have "a good tale plainly told," than many of the lucubrations of our contemporaries, although they may boast of a more splendid association of words. We shall here take leave of our author by inserting two cases from his book. The first (page 122) which is said to be a good specimen of an ordinary case of stricture; the second (page 127) is of that description in which our author recommends the use of the argenti nitras.

## CASE V.

"The following is a good specimen of an ordinary case. It however shews, that the symptoms may be very severe where the contraction is not very considerable.

George Clark, æt. fifty-five, admitted with the ordinary symptoms of stricture, which commenced about two years ago with a trifling difficulty in voiding his urine. His greatest annoyance, however, results from the straining which accompanies micturition, and the great frequency of his calls to make water, being obliged to execute this function almost every hour. It is only during the day, however, that this irritability of the bladder is so remarkable; for although he is obliged to rise so frequently in the night as to interfere with and sometimes destroy his rest, yet micturition is comparatively much less frequent. His tongue is furred, appetite indifferent, and bowels costive. He was directed to employ the usual preparatory measures, and to introduce a suppository the night previous to the morning in which it was proposed to examine his urethra. On again seeing him, the bowels had been freely opened, and the suppository had given him a good night's rest. Regulating the size of the bougie by the considerations I have mentioned, I introduced one of moderate size into the bladder; but it did not rea-

dily pass through the membranous portion of the urethra, its progress being here interrupted by a stricture.

April 7.—I varied the size of the instrument, and employed the silver catheter. Patient already makes water less frequently.

14th.—Urethra would not admit the next size. Stricture was rather sensitive, and bled a little.

21st.—Applied kali, after again attempting to introduce the last sized instrument.

28th.—I again failed in introducing the instrument, and accordingly re-applied the kali.

May 5.—Patient is much better. Stream larger, and micturition very much less frequent. I attempted the introduction of a catheter a size larger than the one I had failed to introduce, and it passed into the bladder without much difficulty.

12th.—The irritation consequent on the last introduction has been considerable, attended with an increase of difficulty in micturition. It has not yet completely subsided, therefore the repetition of the instrument is deferred. Ordered eight leeches to the perineum, with the continuance of the other measures, and absolute rest enjoined.

15th.—The attack of irritation had quite subsided, and the instrument the next in the scale introduced without difficulty.

At his next visit the symptoms were almost entirely relieved. He only rises twice in the night, and scarcely makes water (during the day) more frequently than natural. No further interruption occurred in the progressive introduction of the larger catheters. No. 14 was introduced thrice, and the patient discharged, perfectly well."

## CASE VII.

"The case which I am about to relate, as an instance where the argenti nitras appeared useful, also shews the plan which we are generally obliged to adopt where there are already two or more strictures. I would observe, that where it is practicable it is always advisable to direct our principal attention to that which is posterior. But in cases where caustic is necessary, this is frequently impracticable, before the greater or less dilatation, or destruction of the anterior one is effected. The latter may allow an instrument to pass three sizes larger than that which the posterior stricture is capable of admitting, and yet we may not be able to pass even the smaller size through it with sufficient celerity to apply the caustic effectually to that which is most remote from the orifice of the canal; wherefore we may be obliged to continue our applications exclusively to the anterior stricture, until this difficulty is removed.

John Miller, æt. thirty-eight, applied to me with the following symptoms:—He makes water more frequently than natural: the frequency is not, however, so distressing as the great straining with which his efforts to void it are accompanied. He cannot, however, hold it even for a few minutes when the desire to void it occurs. There is no pain in micturition. Soothing measures were employed for a few days as usual. On examination I found that he had two inguinal herniæ, and that a very fine bougie could be with difficulty passed into his bladder. On attempting, at the next visit, to pass a larger instrument, it was stopped by a stricture at about four inches, to which I immediately applied the kali purum. At the next visit, the instrument last used was allowed to pass, with some painstaking, to about the membranous portion of the canal, but could not be introduced further: as the obstruction anteriorly, however, detained the instrument a few seconds, the kali was again applied to this situation. In a few days after this, the bougie passed readily to the posterior stricture; to which kali was twice applied, the intervals being, as usual, a week. A small silver catheter at the subsequent visit was passed into the bladder, and considerable relief followed its introduction; the man expressing himself much more comfortable at the next visit. The successive introduction of silver catheters was now employed in the usual manner, until No. 6 passed pretty freely; No. 7, however, could not be introduced, although kali was applied several times to the posterior stricture, which was the seat of obstruction. I should here observe, that throughout the whole treatment, up

to this period and for some little time afterwards, the strictures always felt exceedingly hard, and though as much force was used in endeavouring to procure a passage for the larger instrument as could be safely employed, the man never complained of pain: neither did he on any occasion when the kali purum or argenti nitras was employed. It was at this period of the case that the latter was first used; two applications of it to the posterior stricture enabled me to pass the larger catheter with great facility. From this time every thing went on favourably until No. 11 had been introduced. The introduction of No. 12, however, was followed by a severe fit of irritation, and a kind of intermittent fever. Rest, with the local soothing remedies, however, relieved him from this, but not till after ten days had elapsed. Each instrument that was subsequently introduced, though the difficulty was by no means considerable, produced a new fit of irritation, for the subduction of which the same measures again became necessary; notwithstanding which I persevered until No. 13 passed with considerable freedom into the bladder, beyond which, as the patient's symptoms were entirely relieved, I did not think it expedient to proceed. He was desired to apply occasionally to have his urethra examined, but, as I have not since heard of him, I conclude he remains well. I believe in this man the membrane of the urethra at the posterior stricture became considerably changed in structure."

## SULPHATE OF QUINA.

*Observations on the Medicinal and Chemical Properties of the Sulphate of Quina.* By FRANCIS BARKER, M.D. Professor of Chemistry in Trinity College, Physician to the Dublin Fever Hospital, &c. &c.

[From the Transactions of the King's and Queen's College of Physicians in Ireland.]

A peculiar vegetable compound, having some of the properties of an alkali, named cinchonin, or quinine, was obtained some years ago from a species of the Peruvian bark, by a foreign physician, M. GOMES. It has been asserted to possess all the medicinal virtues of cinchona, and to be the principle from which the curative powers of this valuable remedy are derived. This alkaline substance has been found to retain its properties, so far as respects its action on the human system, even after combination with an acid, which renders it more soluble, and perhaps also more active.

The efficacy of Peruvian bark is best determined by its power of curing intermittent fever, and an opportunity being offered to me by the prevalence of this disease in Dublin and its neighbourhood during the last spring, I took advantage of it when in attendance as clinical physician at Sir P. Dunn's Hospital, and applied the power of preventing the return of aguish paroxysms as a test of the remedial virtues of the Sulphate of Quina. Whilst engaged in this inquiry, I was informed that other physicians in this city were making trial of the remedy in intermittent fever; and on application to Dr. Crampton, Dr. Robinson, Dr. O'Brien, and Dr. Graves, I was kindly favoured with the results of their experience. To Dr. Stack I am also indebted for his having continued the trials of this remedy at Sir P. Dunn's Hospital when, from illness, I was unable to attend. Dr. Morgan has also obligingly given me a summary of four cases which fell under his care.

The annexed thirty cases show the results of the use of this remedy. Of these, the first eleven were treated at Sir P. Dunn's Hospital, were seen by the students in attendance as clinical pupils, and are registered in the books of the hospital; the remainder were supplied to me by the physicians above mentioned, and the whole afford decisive evidence of the excellence of this remedy.

*The following is a List of the Cases, with an account of the Treatment, which* Dr. BARKER *has given in the form of a Synoptical Table.*

James Leech, aged 18, admitted Feb. 3, 1823, with Quotidian Ague; had not previously taken any medicine for the disorder; commenced on the 4th of February with grs. iii., thrice a day; took in all 24 grains, and was discharged cured on the 11th of the

same month. The paroxysms ceased on the day succeeding the first use of the sulphate of quina.

Michael Magennis, 19, admitted Feb. 9, with Tertian Ague; had previously taken calomel; commenced Feb. 10, with grs. iv. thrice a day; took in all 64 grains, and was discharged on the 18th of the same month. Had but one fit, which was milder than before, after commencing the use of the remedy.

And. Spearman, 30, admitted February 28, with Quotidian Ague; had previously taken calomel with rhubarb and tinct. opium; commenced March 3, with grs. ii. thrice a day; took in all 18 grains, and was discharged on the 11th March. Twelve grains put a stop to the return of the ague.

P. Fitzpatrick, 18, admitted Mar. 2, with a Quotidian Ague, had previously taken tinct. opium, rhubarb, and infus. chamomile; commenced 4th of March with grs. ii. and iv.; took in all 8 grains, and was discharged on the 10th of the same month. Ague ceased on the third day.

John Carty, 29, admitted March 2, with a Quotidian Ague; had previously taken rhubarb, æther, with tinct. opium; commenced 4th March with grs. iii. thrice a day; took in all 12 grains, and was discharged on the 13th of the same month. The paroxysms were immediately mitigated by the sulphate of quina, but from the want of a supply, the cure was completed by cinchona.

Pat. Smyth, 22, admitted March 9, with a Quotidian Ague; had previously taken calomel, commenced 11th of March, with gr. i. and grs. ii. thrice a day; took in all 12 grains, and was discharged on the 26th of the same month. The paroxysms ceased on the third day; but the patient was detained in the hospital by a cough.

John Kirwan, 35, admitted April 3, with a Tertian Ague; had previously taken calomel; commenced 5th April with gr. i. thrice a day; took in all 6 grains, and was discharged 26th of the same month. Ague ceased after the first use of the remedy.

Hugh Doyle, 19, admitted April 3, with Tertian changing to Quotidian Ague; had previously used cold affusion and emetic tartar; commenced 11th April with gr. i. every third hour; took in all 8 grains, and was discharged 15th of the same month. The fits did not return after the first use of the medicine.

Thos. Gormley, 27, admitted April 8, with Quotidian Ague of three months' duration; commenced 9th April with grs. ii. every third hour; took in all 8 grains, and was discharged 21st of the same month. No return of the paroxysm after the first use of the sulphate.

Mich. Kirwan, 63, admitted April 8, with Tertian Ague; had previously taken calomel; commenced 9th April with gr. i. every third hour; took in all 6 grains, and was discharged on the 21st of the same month. The effect was the same as in the preceding case.

John Gossard, 29, admitted April 29, with Tertian Ague; had not previously taken any medicine, commenced 21st April with gr. i. thrice a day; took in all 7 grains, and was discharged 29th April. One fit after commencing: a tincture was used.

Patrick Byrne, admitted May 9, with Tertian Ague combined with hepatitis; had previously been bled to 12 oz. and had taken calomel; commenced with grs. ii. and iii. thrice a day; took in all 39 grains. Ague stopped in nine days: hepatitis, with dropsy returned; but he was ultimately cured.

Eliza Darcy, admitted May 16, with Quartan Ague, preceded by hepatitis and peritoneal inflammation; had been previously bled, leeched, and had taken cinchona, with æther and opium; commenced with grs. iii. thrice a day; took in all 12 grains. Ague stopped in two days; but she remained long an invalid.

John Gormly, admitted May 23, with Quotidian ague; became anasarcous after the quina and bark; had previously taken calomel, with the warm bath, blisters, purgatives, and diuretics; commenced with grs. iii. thrice a day; took in all 27 grains. Fits ceased in six days; and he was ultimately cured of all the complaints.

Richard Quin, admitted June 27, with Quotidian Ague after ophthalmia; had previously been copiously bled for the ophthalmia in the military infirmary; commenced with grs. ii. thrice a day; took in all 21 grains. Ague ceased in five days.

J. Maher, 23, admitted Jan. 25, with remittent Quotidian changing to Tertian Ague; had previously taken Peruvian bark (nearly lb. iss.), emetics and purgatives; commenced Mar. 31 with gr. i. every third hour; took in all 8 grains, and was discharged 14th of April. Ague did not appear after commencing the use of the sulphate.

Wm. Errol, 33, admitted March 25, with Quotidian Ague; had previously taken Peruvian bark, emetics, and anti-spasmodics; commenced 4th of April with gr. i. every third hour; took in all 7 grains, and was discharged on the 12th of April. Ague weakened by the first three doses, and entirely removed by the other four.

Edward Fleming, admitted May 16, with Tertian Ague; had previously taken Peruvian bark; commenced 11th June with gr. i. thrice a day; took 30 grains after last relapse, and was discharged on the 4th of July. This patient relapsed several times; but the disease was ultimately subdued by the sulphate of quina.

James Ledwich, admitted June 9, with continued fever, changing to Tertian; had not previously taken any medicine; commenced 15th June with gr. i. thrice a day; took 24 grains after relapse. This patient also relapsed; but his cure was likewise effected by the sulphate.

Ellen Kavenagh, 18, admitted Jan. 13, with Quotidian Ague; had previously been bled, and had taken purgatives; commenced 18th Jan. with gr. i. six times a day; took in all 13 grains, and was discharged 27th of January. Fits began to cease on the second day; head-ache returned only two days more, after which all illness ceased.

James Kelly, 30, admitted Jan. 31, with Tertian changing to Quotidian Ague; had previously taken purgatives; commenced 29th Jan. with gr. i. six times a day; took in all 18 grains, and was discharged on the 21st of February. Ague ceased on the second day after commencing the use of the sulphate.

M. Brown, 13, admitted Feb. 17, with Quotidian Ague; had not previously taken aloetic pills; commenced 20th Feb. with grs. ii. thrice a day; took in all 10 grains, and was discharged on the 18th of March. Fits ceased on the second day from commencing the use of the remedy; the patient relapsed, but was ultimately cured by the sulphate.

William White, 20, admitted Mar. 9, with Quotidian ague; had not previously taken any medicine; commenced 13th March with grs. ii. thrice a day; took in all 10 grains, and was discharged on the 21st of the same month. Paroxysms ceased on the second day.

Thos. Hoey, 14, admitted March 15, with Quotidian Ague; had not previously taken any medicine; commenced 15th March with grs. ii. thrice a day; took in all 8 gains. Paroxysms ceased gradually; sweating returned occasionally, but ceased in six days after he had commenced the sulphate of quina.

Wm. Burns, 38, admitted March 29, with Quotidian changing to Tertian Ague; had previously taken calomel with antimonial powder, and purgatives; commenced 9th April with grs. ii. thrice a day; took in all 12 grains, and was discharged on the 21th April. Paroxysms ceased in two days after he had begun the sulphate of quina.

John Rice, 22, admitted April 20, with Quotidian Ague; had not previously used any remedy; commenced 21st of April with grs. ii. four times a day; took in all 10 grains, and was discharged on the 30th of the same month. Paroxysms ceased as in the preceding case.

P. Bryan, 30, admitted March 23, with Tertian Ague; had previously taken pulv. cinchonæ, æther, tincture opium and blue pill; commenced the 3d of April with gr. ½ thrice a day; took in all 5 grs. and was discharged on the 26th of April. The quina suspended the paroxysm for eight days; he had but two attacks afterwards. Peruvian bark was employed.

O. Butler, 50, admitted April 5, with Quotidian Ague; had previously taken Peruvian bark; commenced 9th April with gr. i. thrice a day; took in all 11 grains, and was discharged on the 24th of the same month. This patient took just sufficient of the sulphate to cure him; he had slight chills at the hour of attack, but no paroxysms.

John Strong, 30, admitted March 5, with Tertian Ague; had previously taken Peruvian bark, tinct. opium, and blue pill to salivate; commenced 5th April with gr. i. thrice a day; took 3 grains in all, and was discharged on the 26th of April. The remedy suspended the paroxysms for seven days; but the patient had two paroxysms afterwards. Peruvian bark was used.

P. Doyle, 17, admitted March 23, with Quotidian; had previously taken Peruvian bark; commenced 8th April with gr. i. thrice a day; took in all 9 grains, and was discharged on the 15th of the same month, completely cured.

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The four last cases were under the care of Dr. Morgan, who endeavoured to ascertain whether the sulphate of quina would prove efficacious in cases which resisted the use of the cinchona, what was the minimum quantity that would make an impression on the disease, and whether the use of the sulphate of quina disposed the constitution to be more readily affected by the bark.

On inspection of the preceding list, it becomes evident that the sulphate of quina is an effectual remedy for intermittent fever and succeeds in cases which resist the bark. Of thirty patients treated with this remedy, not one has resisted its use, and in a majority of the cases the disease ceased within a day or two after the first dose was taken. Very small doses were employed, as a part of the object was to determine the smallest quantity capable of effecting a cure; and although this has not been ascertained with precision, yet it was proved that a grain or less taken three or four times a day was as efficacious as larger doses. In one of Dr. Morgan's cases, gr. ¼ three times in the day suspended the paroxysm for eight days. In no case did it disagree with the stomach, an effect often attendant on the use of Peruvian bark, especially when taken in large doses; and a quantity of the sulphate of quina, much exceeding that requisite for the cure of the disease, may be taken without inconvenience.

If we reject those instances given in the preceding list, in which a very large quantity was employed, we shall find the average quantity of sulphate of quina, requisite for the cure of intermittent fever, to amount to somewhat more than nine grains.

The advantages arising from the introduction of this remedy into medical practice are these: it is efficacious, as appears from its power of curing intermittent fever, and in this respect it is, at least, equal to Peruvian bark: it contains, in the dose of a grain, or a little more, a quantity of the essential curative ingredient of the Peruvian bark, equivalent to a full dose of that substance: it does not overload the stomach, or disagree; and in a small bulk may be contained a quantity sufficient for the supply of even a large army in situations productive of intermittent fever.

As it is of much importance to the physician to have it in his power to ascertain that this medicine is genuine, and as the temptation to adulterate it is considerable, I have endeavoured to ascertain those chemical properties by which sulphate of quina may be distinguished, and its purity determined.

When exposed to heat on a slip of platina foil it melts like wax, it then blackens, partly rises, and burns with flame. It requires at least three hundred times its weight of water for solution; much more of it is taken up by hot than by cold water, from which it crystallizes in prisms. It is much more soluble in alcohol than in water, dissolving in a quantity of rectified spirit, of spec. grav. 840, amounting to about forty times its weight. Its aqueous solution is decomposed by several reagents. Soluble barytic salts, as might be expected, render it turbid; but I have not observed any reagent to produce so striking an effect as *Iodine*. I have found a very minute quantity of this substance in water; for example, a grain of iodine

heated in a drachm or two of water, to produce, in the watery solution of the sulphate of quina, a copious precipitate of a cinnamon brown colour. This precipitate dissolves on heating the liquor; it is also soluble in rectified spirit, and is again thrown down by water. The tincture of iodine may be also applied as a test of the sulphate of quina; this tincture is partly decomposed by water, but the colour of the precipitate is quite different from that produced by the sulphate of quina, which in colour very much resembles the Peruvian bark.

By the preceding characters, namely, its fusion by heat, little solubility in water, greater solubility in alcohol, and the brown coloured precipitate it affords with iodine, it may be distinguished from other substances. To these characters may be added, its sensible qualities, particularly its strong bitter taste, which, if found to co-exist with the above-mentioned chemical properties, will prove the substance to be genuine.

## FOREIGN DEPARTMENT.

### ANALYSIS OF FOREIGN MEDICAL JOURNALS.

#### CHOLERA MORBUS.

*Journal der Practischen Heilkunde, Herausgegeben*, Von C. W. HUFELAND, *und* E. OSSAUN.

*A condensed account of the progress of the Cholera Morbus of India to the shores of the Caspian and Mediterranean Seas.*

In the early part of the present year, Dr. KEHMANN, physician to the Emperor of Russia, published a very voluminous account of the progress of the cholera of the East Indies, and of the ravages it committed in those countries through which it passed. It appears that Persia principally suffered, and that the havoc occasioned by the disease was considerable in the southern part of the Russian empire. He has, with a zeal indefatigable, traced the course of this fell destroyer of the human race; and from the high official situation which Dr. KEHMANN holds in the Russian capital, the intelligence which he has furnished may be considered authentic. The appearance of this formidable disease on the confines of Europe has occasioned great alarm in the different governments, and it will be seen by the following abstract that their fears were not without foundation, for the disease lost nothing of its violence by its change of situation.

The cholera having traversed the different provinces of India during the years 1817, 1818, 1819, and 1820, has extended itself, during the last four years, over the greater number of the East Indian Islands, as Java, Ceylon, &c., the inhabitants of which have experienced its direful effects. To present a sketch of the fatality of this disease, it will be sufficient to say, that within the three years first mentioned, it destroyed three millions and a half of the inhabitants of these countries. This estimation may be considered as much below the actual number. In 1823, the cholera appeared simultaneously on one side on the shores of the Caspian Sea, and on the other, on the shores of the Mediterranean; it extended its ravages over Astracan on the one hand and near the ancient city of Antioch on the other; that is to say, it extended itself in two different points on the confines of Europe. During the summer of 1821, the disease spread itself from the Ganges to the shores of the Persian Gulph, and showed itself at the same time at Maskate, at Bender-Buschen, and at Bussora, and made its appearance a second time at Bombay during the same year; but from all the observations carefully made at that time, it did not appear to have reached further westward than the shores of the Persian Gulph. More than 60,000 persons perished in the neighbourhood of Maskate within the short space of a few weeks. It is true that in these latitudes the dryness of the season and the heat were extremely great. From Maskate the epidemic stretched along the shores of the gulph, and destroyed more than a hundred and twenty-five thousand individuals in a few months. At Bussora, and its environs, eighteen thousand died, and at Bender-Buschen, about fourteen thousand.

After the disease had been thus raging in the months of June and July of the year 1821, on the shores of the Persian Sea, it extended itself, about the end of August of the same year, near to Schiras, which is the first commercial town with which Bender-Buschen has frequent intercourse by means of the caravans. It displayed itself there with such violence, that in one day only, during the month of September, when the heat was at the highest degree of intensity, six thousand persons died. It penetrated even into the harem of the governor, and added to the number of its victims the son of the reigning Chah, his mother, and many of his seraglio. They became alarmed for the fate of Ispahan, which is the ancient capital, lying under the same meridian as Schiras, and which is situated to the north of the principal track of commerce. The Governor General of Ispahan, and a son of the Chah of Persia, ordered that the caravans, which were in the habit of stopping near Ispahan, should change their route and direct it more westward, towards the town of Jesa, thus compelling them to take a great circuit in their course towards the northern provinces. By this prudent step Ispahan was exempted from any attack of the disease, but Jesa endured its violence through the month of October, and on the appearance of the cold weather in November it ceased. In 1822, however, the disease again broke out at Jesa, and extended itself along the route of the caravans, but more particularly at Rain, Kaschan, Koom, Kosbrun, Sava, and Dain, sparing Teheran, but appearing at Killah, Nargam, Casbin, Abhar, Sultunich, Linjan, and Mianeh. Towards the end of the summer it reached to Tauris, the ordinary residence of the heirs presumptive to the crown of Persia, and attacked the Prince Abas Mirza; lastly, it extended to near the frontiers of Turkey, even to Erivan. The greater part of the inhabitants of Tauris deserted the town and fled to the mountains, and were there protected from the pestilence. From Tauris and Emau it spread into the district of Kalkal, where the celebrated salts are found, from thence into the province of Ghilen, and particularly at Rishd, a town situated on the Caspian Sea, and thence into the province of Mazanderan, where it subsided about the month of November.

In April 1823 it appeared again, and some of the towns of Mazanderan which had escaped during the summer of 1822 were now visited by this scourge. It is thus that this terrible disease has traversed, in the space of two years, to the shores of the Caspian Sea, by a route through the north of Persia; but it also pervaded the banks of the Tigris and Euphrates, and appeared at Bagdad at the latter end of August, where it made terrible ravages. Five thousand persons died there in two months. It attacked also at this time the Persian army, which was encamped near Bagdad, and destroyed more than two thousand soldiers. It appeared also at the ruins of Babylon, and at Illah which is in communication with Bagdad. In the month of November it reached Biri, Anstab and Aleppo, after having destroyed at Mupal 500, at Diarbekin 600, and at Orsa 500; at Biri 400 died, and at Anstab and Aleppo more than a thousand, being the fourth part of the population of the two last towns. It was only stopped by the setting in of the cold weather in November.

In the countries where the cholera reigns the physicians, as well as the people, consider the disease to be epidemic and contagious. Many towns lost, in a short time, a tenth part of their population when it reigned with great force. It appeared to be less destructive in the towns situated near the Caspian Sea. It is true that it did not absolutely make its appearance in Europe, but it reached to the very borders; and as it was only arrested by the commencement of the cold weather, it is not improbable but that it may again break out in the returning summer; it therefore becomes the local authorities to most energetically take such measures as may avert the scourge which threatens the Russian population, and consequently all Europe.

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ARCHIVES GENERALES.

*Rupture of the Aorta, occasioned by a bone sticking in the œsophagus.*

A man was admitted into the hospital of Rochefort, with symptoms of

inflammation of the lungs; on the left side he complained of great pain near the vertebral column. He was ordered a low diet, leeches, and mucilaginous drinks, and the symptoms appeared a little soothed by this treatment; but on the tenth day, after a fit of coughing, the patient vomited large clots of florid blood and died in less than five minutes. On dissection, marks of pneumonia were found. The œsophagus, about the middle of the chest, presented a large ulceration about the size of a two-shilling piece; the ulceration had extended to the aorta, and occasioned an erosion of it about two inches below its great curvature. At the right of this opening, which was rather less than half an inch in length, a small bone was found of a pyramidal figure, about an inch long, weighing eighteen grains, the upper end of which was very sharp and had penetrated from the œsophagus into the aorta. It was afterwards discovered that the young man had swallowed the bone about eight or ten days previously to his coming into the hospital.

## MATERIA MEDICA.

*On the efficacy of the Sub-carbonate of Soda in Bronchocele, or Goitre.*

It is now about four years since Dr. COINDET, of Geneva, communicated to the medical world the singular influence which iodine appeared to exert on bronchocele, and at the present time it maintains a considerable reputation. Dr. PESCHIER, the fellow countryman of Dr. Coindet, has highly eulogised a remedy for the same disease, in a late number of the *Gazette de Santé;* he considers that the sub-carbonate of soda is an equally efficacious and a much less dangerous medicine than iodine, and that it is less likely to disagree with the stomach than the burnt sponge.

The sub-carbonate of soda has been used for a considerable time in this country, but it has not been given to the extent at which Dr. Peschier has prescribed it, nor in such a convenient or agreeable way.

Dr. P. says, that he has employed this medicine with great success at Geneva, and at the same time that it removed a great many goitres, and diminished the size of many more, it acted in the same manner on many scrofulous tumours and enlarged glands. Farther, that the patients, whilst they were taking it, had their appetites considerably improved, with acorresponding degree of improvement in their general health. "In 1816, four years before M. Coindet had written on the efficacy of iodine, being frequently consulted by persons afflicted with very large goitres, and considering that the burnt sponge had frequently failed to afford any relief in dispersing such swellings, I thought that this alcali might produce good effect. Iodine was then unknown. I gave to some patients a solution of the sub-carbonate of soda, varying its strength and concealing it by the medium in which it was given. The success fully answered my expectations, and even to the present time it has not caused any disappointment.

"I consider it superfluous to mention a great number of cases in which it succeded, since it is daily found to do so in the hands of the profession. I can assert, that in a short time this remedy acquired, at Aubonne and the neighbouring places, a great reputation, on account of the remarkable property which it displayed in dispersing, or considerably diminishing, bronchoceles. I think, however, that I ought to mention the following case, as it is one of the most remarkable:

"On the first of January, Isabella Cretigny, a young woman about fourteen, came to me at Aubonne; she was very stout and well formed for her age, but had a goitre so large as to give to the neck the appearance of being almost as large in circumference as her head. The principal anxiety on the part of her parents, was not so much that of removing the deformity occasioned by the tumour, as that of preventing the noise in respiration which she made when asleep. I prescribed for her the sub-carbonate of soda, in the dose of two drachms only in the day, at intervals. In about twenty days this enormous goitre had so much diminished that the goit was scarcely recognizable, and I could hardly credit my own eyes. It is but fair that it should be

understood that this case was one in which the remedy appeared to act with the greatest energy.

" In all ordinary cases, that is to say in which the goitre does not appear to depend on any general or constitutional affection, I am contented with dissolving about two drachms of the sub-carbonate, increased afterwards gradually to half an ounce, in eight ounces of water, and directing the patient to take twice in the day a table spoonful of this solution in half a glass of wine, or in some sweetened aromatic water. Some few have taken the solution clear; they have done this, however, of their own accord, for I think that the disagreeable taste of the soda may be covered, and therefore never advise it to be taken pure.

" I have not always employed the alcali alone, but when the swelling of the thyroid glands was accompanied by swellings of the absorbent glands of the neck, I have added some infusion of tonic and bitter roots, as gentian and enula; and occasionally purgatives, as rhubarb and senna; or aromatics, as aniseeds, fennel, &c. I have had the whole of these sometimes put into a bottle of good wine, of which the patient has taken a quarter of a wine glass two or three times in the day; and I have often succeeded by this method in correcting disordered states of constitution, and dispersing swellings which had resisted all former treatment. More extended experience can only determine whether the use of soda can in all cases be substituted for the burnt sponge and iodine; or whether it is quite free from some of those disadvantages which attach to the two latter. As far as my observations have gone it does possess that advantage, and is as efficacious in the removal of such swellings.

## PHYSIOLOGY.

The various experiments on the nervous system, but particularly on the nerves of the face, which have been so ably conducted by M. MAGENDIE and Mr. C. BELL, have not only excited a great interest amongst the profession of Europe, but have tended more to the elucidation of their intricate functions than the experiments of any former physiologists.

In No. 1. Vol. IV. of *The Lancet*, we presented our readers with some interesting papers on the olfactory nerves, and the influence of the fifth pair on the nutrition and the functions of the eye, which we translated from the April number of the *Journal de Physiologie*, and we have great pleasure in communicating, from the last number of that valuable work another series of experiments, undertaken by M. MAGENDIE, on the same subject:—

### *A series of experiments on the functions of the Fifth pair of Nerves.*

M. M. says, " Since I published my last experiments in the April number of this journal, I have made a great many others, to confirm or invalidate the results then obtained. Fortunately, I have but little to reject from the facts already made public, and it remains therefore certain, that the fifth pair does exert a very great influence on the smell, on the sight, and on the hearing; and that it is itself the organ of taste, of the general sensibility of the face, and of the different cavities there situated. It remains equally certain that the fifth pair has a considerable influence on the nutrition of the parts to which it is distributed. But the extent of these two kinds of influence is not as yet so determined. It is with the view of ascertaining these particulars that the experiments which I am about to detail have been undertaken. I shall present them in detached paragraphs, as it would be difficult to embody them as the substance of the memoir; besides, the facts constitute the important part of the information; the manner in which they may be arranged is of less importance.

" A man, whilst in a dying state at the hospital La Pitié, presented all the phenomena of a division of the fifth pair of nerves, and in whom M. Serres and I afterwards found a complete alteration of the trunk of the nerve in that part on which sensation principally depends. The muscular part (on which motion is supposed to depend) was not altered, as the movements of he lower jaw and cheeks

were not impaired. M. Serres has promised to give me the particulars of this interesting case for the next number. It is then very probable that these experiments will receive a prompt application to practical purposes.

" H. The division of the fifth pair in the temporal fossa being difficult to accomplish without injuring the cavernous sinus, or cutting the internal carotid artery, the hæmorrhage from either of which would either defeat or confuse the experiment, I tried to divide the nerve before its passage on the petrous portion of the temporal bone, not far from its separation from the pons varolii; I had attempted to do this in rabbits, and introducing in them my instrument by the side of the little cavity of the cranium which contains a lobule of the cerebellum, and gliding it forwards and inwards until it reached the posterior surface of the petrous portion, I divided the nerve from above downwards. This operation is very delicate, as you may wound the pons, or the peduncle, but there is not so much danger from hæmorrhage. When the nerve is divided in this place the effects on the senses are all as apparent as when it is divided more anteriorly; they are much more remarkable on the hearing, for the auditory nerve is very often divided with the trigeminal, but the movements of the globe of the eye almost always remain. There is then, by this procedure, less derangement in the visual apparatus, than if the section of the nerve be made in the temporal fossa. The most remarkable fact however is, that the alterations in the nutrition of the organ is much less marked than in the former mode of performing the experiment; a partial inflammation only takes place at the upper part of the eye, and the opacity which soon follows occupies only a small segment of the circumference of the cornea. It is then very probable that the nerve itself, independently of its connection by what is called its origin with the spinal marrow, exercises an influence on the nutrition of organs, and this result of the experiment, if it be correct, will not be one of the least curious.

" J. After the researches of Gall and Spurzheim on the anatomy of the brain, every one knows that the true point of the origin of the fifth pair is at the upper part of the spinal marrow, and M. Desmoulins, my colleague, has lately demonstrated that this arrangement is to be found in all vertebrated animals. I was desirous of seeing what effect would result from the division of the nerve at the side of the fourth ventricle, not far from its origin. I performed the section of the nerve, after having opened the spinal envelopes between the occiput and the atlas, and I immediately obtained the effects of that division on the general sensibility and on the senses; but six days had elapsed before I observed any defect of the nutrition of the eye, and on the seventh it was not very decided. The cornea was a little opaque, and the anterior chamber contained apparently a few opaque shreds. I was very anxious to preserve the rabbit on which I had made this experiment, but it died on the ninth day with copious suppuration of the neck and neighbouring parts. The result obtained here confirmed the preceding, and shows that there exists in the nerve an action proper and distinct from the general action of the nervous system. I wished to know at what depth of the spinal marrow the lateral section would produce the loss of the senses before named; I made it between the first and second vertebræ, and its effects were equally evident. I made the section again on another animal, opposite the arch of the third cervical vertebra; the effect was not so striking. It appears then that it is between the first and third cervical vertibræ that the influence of the fifth pair of nerves on the senses terminates. It is necessary to know exactly the point where that influence ceases, and will form the subject of some after experiments.

" K. One of the consequences, the least accounted for in the reported experiments, is, without doubt, the loss of smell, of hearing, and of sight, which immediately follow the division of the fifth pair of nerves. It was not surprising that the taste ceased, for it was before known that the division of the lingual nerve was followed by a loss of taste, and that the lingual nerve is only a branch of the fifth

pair. As to the general sensibility of the skin of the face, the experiments of Mr. CHARLES BELL have shown that it also depended on the branches of the same nerve; but it was little expected that sensibility of the organs of smell, sight, and hearing would be destroyed by the division of the fifth pair, yet experiment has shown that this is the fact.

"L. It is well, however, to reconsider this subject in an experimental way, and each sense in particular.

"Relatively to *smell*, I have nothing to add to that which I reported in my former paper on this sense. Once the trifacial nerve being divided, every trace of sensibility was lost; an odorous body, whether at a distance or in contact with the nose (even corrosive applications), did not affect any part of the pituitary membrane. This does not prove, as I had before said, that the seat of smell is in the branches of the fifth pair, but it proves, at least, that the olfactory nerve has an indispensable necessity for the branches of the fifth to enable it to act completely, and that it is deprived of general sensibility, and that it only has a special sensibility, relatively to odoriferous bodies.

"The *sight* is lost when the fifth pair of nerves is divided, let us have it said. This fact may give rise to divers suppositions; either that the nerve of the fifth pair is the organ of sight, or that the optic nerve cannot act without the help of this auxiliary. To make on the optical organs analogous experiments to those which we have lately reported on the sense of smell, we must cause a very strong light, which shall answer to the corrosive odours which had been tried on the nose, to fall on an eye deprived of the optic nerve, or of the influence of the fifth pair.

"For this purpose, after having divided on one side the fifth pair of nerves in some rabbits, I suddenly exposed the eye to the flame of a taper, but it was quite immoveable. I considered that the light was not sufficiently powerful and I took one of the excellent lamps of Carcel, but the result was the same; I employed even a strong reflector to increase the intensity of the light, but with no more success. I thought, at the time, that it was the same with the eye as happened with the nose, that all trace of sensibility was destroyed by the division of the fifth pair; but on making some farther experiments with the eye in the sun, I found that when it was taken from the shade suddenly into the sun, that there was an impression produced, and that the animal closed his eyelids. The effect was more decided if by the use of a lens you caused the convergent rays to fall upon the eye. A great difference may be supposed to exist between this experiment and the preceding, not on account of the light, but on account of the heat which accompanied the light. To judge of this, I made a piece of iron red hot and brought it close to the eyes of several animals in which the fifth pair had been divided, but I could not discern the least trace of sensibility. Besides, when using the reflector it was easy to cause the light to fall on the cornea and the anterior surface of the iris, and even in that case there was no effect produced.

"It does not appear then that all sensibility is lost in the eye, as it is in the nose, when the fifth pair of nerves is divided.

"It was necessary to make an inverse experiment, that is to say, to divide the optic nerve, leaving untouched the fifth pair. This experiment was not without difficulty; how to reach the base of the skull, to divide the optic nerve without injuring the brain very seriously, or causing hæmorrhage, which so often compromises the result in attempts of this nature. After various unsuccessful attempts, I contrived to perform the section of the nerve in such a way as the animal might survive. I perforated the middle of the cranium immediately above the summit of the orbit; I afterwards introduced a needle, curved near the point, into the sphenoidal fossa, and afterwards raising it, the nerve may be divided, but I am not certain of succeeding each time. However that may be, the nerve was divided on one side, and the sight appeared to be immediately destroyed on that side, and if both the optic nerves be divided, the animal becomes immediately blind.

I have just said that the section of the fifth pair also destroyed the sight,

without entirely rendering the eye insensible to light; it became then curious to know, if, after the division of the optic nerve, there remained any trace of this sensibility. But by all the means which I employed I have never produced any impression on the eye by the light of the sun, or even when the rays have been concentrated by a strong lens and thrown into the pupil. I wished to establish the results which had been announced, by cutting on one side the fifth pair, and on the other the optic nerve, before its decussation: the animal was completely deprived of sight, yet on the eye, the optic nerve of which was left untouched, it appeared to feel the action of the solar rays. On this eye the animal resembled certain amaurotic patients, who can see nothing, but who yet appear conscious of the light of the sun when it falls upon their eyes. I ought not to omit to mention, that the division of the optic nerve is not followed by any alteration in the nutrition of the eye.

Generally the pupil is large and immoveable after the division of the optic nerve, while it is contracted in rabbits after the division of the fifth pair. In dogs and cats, on the contrary, it is enlarged when the same nerve is divided. We have made many anatomical researches, in order to explain this opposite effect, but have found only one circumstance which appears to do so. The rabbit has no ciliary nerve which comes off from the fifth pair; dogs and cats have, on the contrary, some filaments, which are detached from the nasal branch of the ophthalmic, and which immediately pierce the globe of the eye. Besides, in dogs and cats, the ophthalmic ganglion gives off other ciliary nerves, which communicate with the fifth and third pairs. But how does this anatomical arrangement influence the state of the iris after the division of the fifth pair? I do not know; but in this anatomical fact a very strange thing is to be found. The ciliary nerves are the only branches which the fifth pair sends to the globe of the eye: if their branches be deficient, as I think is certain in rabbits and guinea-pigs, in what manner is the immense influence of the fifth pair on the sight and on the nutrition of the eye to be explained, and on the inflammation which presents itself on the surface of the iris? *Sub judice lis est.*

[To be concluded next week.]

## AMERICAN INTELLIGENCE.

*From the Philadelphia Medical and Physical Journal.*

THE Medical Society of South Carolina, having organized a School of Medicine, agreeably to the powers conferred at the last Session of the Legislature, the following details are made for the information of the public:—

The Professors elected are—

| | *Fee.* |
|---|---|
| John Edward Holbrook, M. D. Professor of Anatomy..... | $ 20 |
| James Ramsay, M. D. Professor of Surgery..... ..... | 15 |
| Samuel Henry Dickson, M. D. Professor of Institutes and Practice of Physic ..... | 20 |
| Thos. G. Prioleau, M. D. Professor of Obstetrics and Diseases of Women and Infants | 15 |
| Hen. R. Frost, M. D. Professor of Materia Medica ..... | 15 |
| Edm. Revenel, M. D. Professor of Chemistry and Pharmacy | 20 |
| Step. Elliott, LL. D. Professor of Nat. History and Botany | — |
| A Matriculating Ticket to be paid for at the first Session | 5 |

In order to entitle an individual to examination for a degree, it will be necessary that he shall have attained the age of twenty-one years, be of good moral character, and have studied medicine for two years with some established practitioner. He shall also have taken the ticket of each Professor for two courses of lectures, or shall have attended one full course at some other respectable medical school, previously to his becoming a member of this institution. Students who have

for two seasons taken the tickets of all or any of the Professors, shall be thereafter entitled to admission into his or their lecture room without farther expense.

The lectures will commence on the second Monday in November next, and will continue for five months. The anatomical lecture room is lighted from the top of the building, and the seats are elevated sufficiently for the convenience of the students. Arrangements for private dissections are particularly attended to, and every facility afforded for the acquirement of a minute knowledge of the structure of the human frame, and the preparation and preservation of its different parts. The chemical laboratory is contained in the same building, and such apparatus procured as is necessary to a full experimental course. The library belonging to the Medical Society will be opened to the students upon the most liberal terms, and it is only doing justice to that body, to acknowledge that their collection of medical works is among the largest and most select in the United States.

The privilege of visiting the patients in the Marine Hospital and poor-house affords the best opportunities for the acquisition of practical knowledge, without additional expense. During the daily attendance of the physicians of these institutions, such clinical remarks are made as are of importance to the medical student.

All operations in surgery, occurring in these establishments, will be free to the class, in addition to such cases in private practice as may be operated on in the public institutions.

From the statements made, it appears that every opportunity of acquiring medical information, will be afforded to the southern student by the Medical College of South Carolina, and that at a rate of expenditure very trivial. But some advantages of a peculiar character are connected with this institution, which it may be proper to point out.

No place in the United States offers as great opportunities for the acquisition of anatomical knowledge, subjects being obtained from among the coloured population in sufficient number for every purpose, and proper dissections carried on, without offending any individual in the community. Those impediments which exist in so many other places to the prosecution of this study are not here thrown in the path of the student—public feeling being rather favourable than hostile to the advancement of the science of anatomy.

In addition, the southern student can no where else receive correct instruction on the diseases of his own climate, or the peculiar morbid affections of the coloured population.

*Charleston, June 19th, 1824.*

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## HOSPITAL REPORTS.

### ST. THOMAS'S HOSPITAL.

*Continuation of the case of compression of the spinal cord,* from page 382.

Dec. 14. The patient remains just in the same state as was described yesterday; the aperient medicine has not operated, and he complains of nausea. The power of volition over the upper and lower extremities is completely lost, and the sensation in the same parts is very indistinct.

If you press on any part of his arm he will feel that you are touching him, and describe it as producing a dull, numbed sensation: if you ask him what part of the arm it is you are touching, he is incapable of telling you correctly; he will perhaps say you are touching his elbow when your finger was placed upon his thumb.

15. The medicine had not operated until to day about two o'clock, when Mr. GREEN was just leaving his bedside he heard a noise, and on examining the blankets found that a motion had then passed involuntarily, the poor fellow not being at all con-

scious of the evacuation that had just taken place. His urine is still retained, but the kidneys have lost a considerable part of their energy since the quantity of urine secreted is extremely small, not exceeding three quarters of a pint in twenty-four hours. His penis is in a state of partial erection.

He complains of an acute, darting pain, extending from the scrobiculus cordis to the pubis, this is not constant although frequent in its attacks. The nausea is still very severe. His head remains quite free from pain and uneasiness; his respiration is now somewhat impeded, he being obliged to breathe chiefly by the diaphragm, the intercostal and other assistant muscles of respiration being quite paralysed. On pressure of the abdomen he complains of pain; the abdomen is also much tumified from flatus collecting, the intestines not retaining sufficient power to cause its evacuation. Still complains of nausea. Hiccup has made its appearance, which is very distressing to him. He was ordered *Pulv. Scammonii, c. Hydrarg.* gr. xv. *Warm fomentations, and an aperient enema.*

16. During the night vomiting took place, and he remained in a very restless state.

Vomiting continues, but more severe, the stomach rejecting every thing that is taken into it. The pain and tenderness of the abdomen very severe, particularly in the direction before mentioned, from the scrobiculus cordis to the pubis.

He this day passed two stools involuntarily. The sensation and power in the extremities are just as before. His legs and feet extremely cold. He was ordered a dose of the *effervescing mixture every three hours*, and twelve leeches to be applied to the scrobiculus cordis.

17. During the night his stomach rejected the medicine, and this morning he has vomited a quantity of a dark coloured fluid.

*Continue the effervescing mixture.*

18. Has not vomited quite so much. This morning he has kept down a cup of tea. His bowels not being moved yesterday he was ordered an enema with colocynth. He could bear his arm to be moved to day without so much pain as it has hitherto occasioned, and could also correctly state what part of it you was touching, although the sensation was still of a very dull, confused kind. On trying, however, if he could discriminate what part of the leg was being touched, he was at a loss as before. His respiration is more laborious and uneasy. The pain and tenderness of the abdomen are become more severe.

He continued to breathe with great effort until about 3 o'clock in the afternoon, and had frequent vomitings of a dark-coloured fluid. From that time his breathing became more and more laborious, and afterwards gradually became weaker until half-past 10, when he expired.

*Post mortem examination.*

The examination of this case was made by Mr. GREEN, in the presence of a great number of pupils.

The sixth cervical vertebra was found fractured through the arch, but not attended with much separation. There was no effusion between the theca vertebralis and spinal column; between the dura and pia mater there was an effusion of serum, but the quantity was small and not such as could by its pressure be supposed sufficient to account for the death of the patient. The pia mater about the lower cervical portion of the spine was highly injected. The spine was examined down to the os coccygis.

The *head* presented no very decided morbid appearances; the dura mater and pia mater were nearly natural, and there was a slight effusion between the pia mater and arachnoid. The abdomen and thorax were carefully examined, but not the least trace of inflammation or any injury to their structure could be found.

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No operations have been performed during the last week at this hospital;

and the principal accidents received are a fractured femur, a fractured patella, with a serious contusion of the knee, and a fractured arm.

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*Case of Blindness, occasioned by Lime-water getting into the Eyes.*

T. G. was brought into St. Thomas's on the 10th instant, and placed in King's ward, under the care of Mr. Green. It appears that this poor man had the misfortune to receive some of the contents of a pail of strong lime and water in his eyes. When he was brought in both eyes were filled with the lime, the first care was of course to wash the eyes well, and remove all the particles of lime; after which he was directed to have six leeches applied to each temple, to take a brisk cathartic, to use warm emollient fomentations to the eyes. The next day he did not complain of that acute pain and uneasiness that so powerful a stimulant as lime might be expected to occasion, but stated that he had more pain across the forehead just above each orbit than in the eyes.

11th.—He could only perceive the light from the window when his head was placed towards it, but was unable to distinguish the divisions of the panes. He was ordered 12 more leeches, some more aperient medicines, and his eyes were directed to be kept well cleaned.

On the 13th he complained of a sensation of heat across the nose and eyes, and the lids appeared rather swollen; he for his own comfort applied a cold rag across the eyes and nose, which afforded him ease. He has had no constitutional irritation; his pulse indeed has been rather low than otherwise; what could not have been expected from so severe an injury done to such extremely delicate and important parts. His skin has remained cool and perspirable. It might also have been expected that he would have had severe pain of the head, but with the exception of that slight pain across his forehead, he has complained but little.

Upon examining his eye, the cornea seemed quite opaque and disorganized; the muscles of the eye are also affected since; the ball is turned upwards, and there remains fixed, so that unless you elevate the upper lid very much, at the same time drawing it outward, you cannot perceive the cornea: the tunica conjunctiva, when covering the sclerotica, does not appear much inflamed, but that covering the lids is very much tumefied, and feels hot. He was ordered twelve more leeches, and the eyes to be well washed with tepid water.

There was but little alteration in his state until Saturday; in this interval, however, he had on the 15th twelve more leeches applied, and took aperient medicines to keep the bowels open.

18th. On Saturday some fever and heat came on, together with a severe pain extending on the right side of the face from a little above the zygomatic arch to near the angle of the jaw. He was bled from the arm to ʒxiij; his pulse was full and strong, and the conjunctiva still much tumefied, and discharging some quantity of matter. His eyes were ordered to be syringed frequently with tepid water to prevent the matter from collecting. On Sunday he was much easier. On Monday, having still some pain in the eyes, he was ordered twelve more leeches, and to take

*Hyd. Submur.* gr. ij. *Pulv. Doveri* gr. v. *cm. nocte, and a dose of house physic every morning*, so as to keep up a constant motion on the bowels. The cornea is now quite opaque.

(Erratum. In last report, fol. 382, after "*sphincter ani*," insert, *remains.*)

*Operation.*

The only operation performed here this week was that of Lithotomy, by Mr. Tyrrell. The stone was of a circular figure, and rather larger than a hazel nut. The operation occupied about three minutes, and was conducted in a very good style. *Suum cuique* is our motto; and although we have had occasion to perform venesection on Mr. Tyrrell when he had a

fit of the *cacoethes scribendi*, we have not the least hesitation to give him the full credit for what, during his *convalescence*, he may do well. We only advise him to avoid a *relapse*.

## GUY'S HOSPITAL.

*Operation.*

A child seven years of age, in Lazarus ward, was operated upon for stone by Mr. KEY. The child had been suffering from the complaint for above a twelvemonth. The operation lasted on the whole three minutes and a half; it would however have been accomplished within a less time had not the stone been, what was not expected, of a very extraordinary size for so young a child. It was about two inches long, and about an inch and a half in diameter, of a very rough and uneven surface. The figure and texture rendered it necessary to use great care in its extraction. Mr. KEY unfortunately lost his hold of the stone once; but upon examination of the stone after the operation it was very evident that the accident could not be obviated.

It appears that the stone was originally of a smooth, even surface; that subsequently to this, and very lately, another deposition had taken place, of a darker colour, but which deposition had not got firmly united to the former stone, which might be considered as the nucleus; neither had it attained any great degree of firmness, so that when the forceps grasped the stone, the recent deposit cracked off, and occasioned him to loose his hold.

The operation was performed with that degree of confidence with which a man who knows his profession must always be inspired.

The case of blow on the abdomen, the particulars of which were given in our last Number, is doing extremely well. He has taken some gentle aperient medicine, and been kept on a spare diet. No accidents of importance have been admitted this week.

*A curious Case of strangulated umbilical Hernia, requiring Operation.*

T. G. aged 62, of a very fat and corpulent habit, was brought to this Hospital late in the evening of the 21st, complaining of strangulated hernia. She said that she had been troubled with the complaint for many years, but that she had never found it gave any inconvenience or pain till about one o'clock on that day, when she found that she could not return it, and that the tumour was harder than usual, and that it was also attended with a slight pain. After trying to reduce it herself for some time without success, she became alarmed, and sent for a medical gentleman whom she knew. Upon this gentleman's arrival he used every effort in vain, he immediately bled her ad deliquium, and applied the taxis for some time; finding these means fail, and having no convenience for the administration of other measures, such as the warm bath, &c. he advised her friends to take her to the Hospital.

On her arrival, and upon her being examined, it appeared that she had a hernia situated rather to the right side, a little below the umbilicus, about the size of a clenched fist, or rather larger. It was tense and painful; on account of her having been bled ad deliquium but so short a time previous, and her advanced age, it was deemed more advisable to put her into the warm bath, in which she remained for upwards of an hour, which produced great exhaustion and relaxation of the whole system. During the time of her being in the bath and afterwards, Mr. Morgan tried every effort with the taxis to effect its reduction, but without accomplishing his object. This being the case, and the parts having now become extremely painful and tender, Mr. Morgan most strongly urged her to consent to the operation: to this, however, the poor old woman would not consent; she could not understand how it could become necessary in so short a time to submit to so serious an operation, and for a disease too that she had laboured under for so many years.

Mr. MORGAN, finding all his persuasions ineffectual, desired that she

might have a laxative enema administered, and be kept extremely quiet. During the night she was extremely restless and uneasy, and on the following morning, finding the hernia still irreducible, she consented to have the operation performed. It was therefore performed by Mr. MORGAN, who found the sac extremely thickened and hard; the opening of the sac was very firmly girting a portion of intestine, which was in a very inflamed state, but did not appear to have run into mortification; it was therefore returned, the wound was dressed, and she was replaced in bed. She was directed to be fomented with warm water, and to have a laxative enema administered. She remained very quiet and free from pain during the day, and also had an evacuation. Towards evening she was extremely low, and was ordered some beef tea, &c. and some subcarbonate of ammonia in some fit vehicle. She passed this night also very restless, and towards morning some slight hiccup made its appearance; her pulse was extremely weak and quick, 94; having had no other motion since yesterday, she was ordered another enema, and the fomentation to be continued to the abdomen. After this she became extremely low, and kept gradually sinking till about 8 o'clock in the evening, when she expired.

---

### *A further Account of the Case of Strangulated Hernia.*

SINCE writing the last report, a short account of which was given in page 381, we have inquired more particularly into this case, and would highly recommend it to the attention of our readers as an interesting case, of rare occurrence, and certainly as worthy of notice.

This young man, it appears, and who is in Accident Ward, No. 19, has had congenital hernia of 22 years' duration, not however constantly irreducible, for during the whole of this period he has felt no pain or inconvenience from it, until he was brought to the Hospital with it in a strangulated state, and for which he can assign no cause.

He had always been able to return it when in a recumbent posture, and after its reduction he had observed a lump still remaining in his groin, but since it gave him no pain or trouble, and from his having had it in the same state ever since he could remember, he took no notice of it, not even being aware but that it was quite natural. It does not appear ever to have been of large size, or to have passed into the scrotum, or indeed farther than one inch or an inch and a half beyond the internal abdominal ring, and the inguinal canal.

On his being very accurately examined, the cause of this was very soon made evident. It appeared that at the usual time for the testicles to descend into the scrotum, that is, shortly before birth, that the left testicle passed through both abdominal rings and reached its proper destination in the natural manner, the internal ring closing, and shutting the communication between the cavity of the abdominal inguinal canal; but not so with the right. This, however, passed along its proper course through the internal ring into the canal, but there it remained, meeting with some cause of obstruction there, but what this cause was is rather problematical.

But what appears the most natural conclusion is this, when the testicle had passed through the internal ring into the inguinal canal, and reached the external ring, it there became obstructed in its progress from malconformation of the pillars of the external ring, they not being separated sufficiently wide to allow an opening large enough for the testicle to pass through it; it seems that, on finding its exit out of the canal in this manner prevented, it turned back again, and rather upwards, till it reached the lower part of the inguinal region, and there formed for itself an artificial pouch or scrotum amongst the cellular substance of the groin, where it now rests, forming a roundish tumour which, on a first or superficial examination, might lead to the supposition of its being bubonocele. This, however,

a very little caution and observation will detect. You will, on examining the tumour, find it to be hard and incompressible, much harder than the tumour of hernia generally is; the patient on being desired to cough produces no distension of the tumour; it is more firmly fixed than hernia, and on examining the scrotum, which ought always to be carefully attended to, you will find that there is no testicle on that side.

You may often, if the subject be not very corpulent, feel the internal ring, and also perceive that no stricture passes through that opening, or along the canal down to the tumour.

The many evils which a want of a due degree of attention and discrimination in a case like this would lead to, we trust it is hardly necessary to point out. For should a surgeon unfortunately be led to a wrong conception, and proceed as for hernia, the mischief it would occasion might be most extreme, most dangerous. The extreme importance of such a case as this, as also the great rarity of such well-marked examples, will be admitted by all who reflect on the subject. To the pupils who have the opportunity of seeing it we recommend an examination of the patient, and to practitioners we recommend the minute investigation of a hernia in reference to this point, as it is possible that a mistake might be made.

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The accidents at Guy's have been more numerous than those of last week. There have been two cases of simple fracture of femur, doing extremely well; one case of lacerated scalp; one case of simple fracture of the tibia and fibula; a contusion of the knee; a case of compound fracture of the radius and ulna, done 15 days since at sea. In this case a fine robust, healthy man had an anchor fall upon the fore-arm and produced the mischief. The limb was, when brought in, in an extremely good position, and there is every expectation that the case will end extremely well.

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## MIDDLESEX HOSPITAL.

The election of a Physician to this Hospital took place last week; when Dr. HAWKINS was reported as the successful candidate by a large majority.

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The appointment of an apothecary to this Institution took place on Thursday the 23d instant, when, after a very spirited contest, Mr. JAMES LAMBERT was declared duly elected by a large majority of the Governors.

---

*Case of laceration of the integuments of the Foot, followed by Tetanus and Death.*

—— Cassidy, ætat. 16, admitted 16th Nov. 1824, with a lacerated wound on the back of the right foot, over the metatarsal bones, occasioned by the wheel of a cart having passed over it. The patient was brought into the hospital about two hours after the occurrence of the accident, at which period there was considerable hæmorrhage, which, however, appeared to be principally venous. For the purpose of restraining the further loss of blood, compresses and the roller were employed, and the whole kept cool with the lotion of acetated ammonia; a purge of jalap and calomel was likewise given him.

17. Complains of great pain in the foot, when the compresses were removed and the wound attentively examined. There had been a slight discoloration of the rollers; and the lips of the wound, upon inspection, were found inflamed, and a thin unhealthy ichor was discharged. A poultice was ordered to be applied for several days. There was no constitutional derangement, nor did any unfavourable symptoms present themselves until the morning of the 22d. At this period there was a loss of sensibility in the great and second toes, which had

assumed a livid appearance. The pulse was 80, and weak; tongue clean; bowels open; skin natural.

*Capiatur.*
*Tincturæ cinchonæ*, ʒiss.
*Decocti cinchonæ*, ʒiss. *fiat. haust. ter die.*
*Applicatur.*
*Cataplasma fermenti vulneri.*

A few hours afterwards, the toes were in the last stage of gangrenous inflammation, approaching to sphacelus; pulse feeble, 100; disposition to sleep.

23. Early in the morning he awoke (from what appeared to be a natural sleep) in a profuse perspiration, complaining of great stiffness at the back of the neck and inability to open his mouth more than a quarter of an inch, and could with difficulty expose the tip of his tongue. A pill, containing two grains of opium, was attempted to be given, which the patient was unable to swallow, wherefore *T. opii* m. xl. *ex. Mist. camphoræ*, ʒss. was substituted, and, being swallowed with freedom, was repeated every hour. A blister to the nape of the neck was likewise ordered him. We learned, from the house surgeon, that about three o'clock the patient was severely convulsed and subsequently comatose, so much so as to induce the nurse to report him dead.

11. He has taken the draught every hour, but without any alleviation of the symptoms; the convulsions following each exhibition, and lasting generally for ten minutes. The pulse is 152, and small; he has passed his urine freely during the night, which is unaltered either in quantity or appearance; bowels not open since last night; profuse perspiration; opisthotonos now commences; the head is drawn back, and the muscles of the fore part of the neck extremely tense and rigid.

One o'clock, *p. m.*—The blister was ordered to be dressed with ext. belladonnæ, and a drachm of laudanum to be given him every hour. At this period there was no pain in the head or somnolency.

Four o'clock.—The patient had taken two of the drachm doses, by which the convulsions were much aggravated. Its further exhibition was therefore very properly arrested.—An enema of *T. opii*, ʒii. *aquæ hordei*, ʒiv. *omni hora*, was however substituted. His pupils at this period were natural, but the body was more curved.

Seven o'clock, *p. m.*—The following symptoms were produced by an attempt to administer the clyster, which very nearly correspond with those produced by the exhibition of laudanum by the mouth: the eyes are fixed, and apparently starting from their sockets; the pupils are much dilated; the features are pallid and shrunk; and the patient is perfectly insensible. The state of the pulse is extremely variable: now 160, and in a short period descending to 40 or 50. In about 10 minutes more the paroxysm ceases, when the pulse again becomes 100, and a profuse sweat covers the whole body.

About nine o'clock, another convulsive fit put a period to his sufferings. The muscles of the jaw were immediately relaxed, in common with all others of the body, and the joints were remarkably flexible. The pupils however, remained dilated.

There was no examination of the body; for the enlightened JOE BURNS said it was not of any utility to do so. "What," exclaimed this extraordinary man, "should we examine the body for? What do we know of tetanus? Of what use is it, therefore, to cut about the body?" We should suppose that nothing more can now be wanting to obtain for this gentleman a seat among our College Examiners; for out of that "collective wisdom," he will not find his equal.

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## SURGICAL SKETCHES.

The sketches of the surgical profession in Ireland, by ERINENSIS, will be resumed in our succeeding Number. Mr. CRAMPTON will be the subject of the next sketch.

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*Correspondents must stand over a other week.*

Just published,

A TREATISE ON MOXA, as applicable more particularly to Stiff Joints; illustrated by Cases and Plates, with some general Observations on Spinal Disease. By JAMES BOYLE, Esq. Surgeon of the Middlesex Infirmary, &c. &c.

This is the only originally English Work upon the subject.

---

IMPROVED SYRINGE for extracting Poison from the Human Stomach, and administering Enemas.

In the Press, and will be published in a few days,

AN UNDISGUISED STATEMENT OF FACTS, which will indisputably refute Mr. Jukes's claim to the invention of "The Improved Poison Syringe," assumed by him, and place "the saddle upon the right horse;" with Observations illustrative of the motive of Mr. Jukes for such assumption; whereby (in conjunction with Mr. Scott) a fraud was practised, and the Medical Profession and Public at large grossly imposed upon. Together with a Review of, and answer to, two Pamphlets lately published by Mr. Read and Mr. Maw on the subject, which imperatively call for notice, by JOHN GILL, Surgical Instrument-maker, No. 46, Salisbury-square, Fleet-street, who, in July, 1822, suggested and made the first "Improved Stomach Syringe," (as appears in the Gazette of Health for October in that year, page 290), to which Mr. Jukes, through the medium of rival Instrument Makers, and other means, contrived to attach his *own* name as the Inventor.

N. B. It is a curious fact, that Mr. Gill had sold near Thirty of his Syringes, prior to Mr. Read's exhibition of *his* bantling at St. Thomas's, which latter was imposed upon, and actually received by, Sir ASTLEY COOPER and the Class as a NOVELTY, although one (*at least*) of Mr. Gill's had been successfully used in *actual* case of Poison, as related by Dr. Payne and Mr. H. P. Ward, of Nottingham.

---

CHARLES WRIGHT, Wine Merchant to the Royal Family, Opera Colonnade, Haymarket, has now on Sale the finest Old PORT, 36*s.* per doz.; superior SHERRY, 36*s.* per doz.; and CAPE MADEIRA, 16*s.* per doz. Two dozen of each of the above Wines, will be well packed in an excellent Sherry hogshead, bottles included, by a remittance of 10*l.* or half that quantity in hampers, for 5*l.*—Madeira, Vidonia, Calcavella, Lisbon, Mountain, &c. 42*s.* per doz. just landed; Champagne, vintage 1818, first quality, warranted, 4*l.* 4*s.* per doz.; Maraschino, 15*s.* 6*d.* per flask.

Just imported, FLORENCE OIL, cases of thirty flasks, 2*l.* 2*s.* or 1*s.* 6*d.* per flask.—OLD COGNAC BRANDY, 21*s.* 6*d.* and 23*s.* 6*d.*; RUM, 14*s.* and 15*s.* 6*d.* per gallon.—P. S. Fine Old Port, 3*s.* per bottle, fine Old Sherry, 3*s.*, and Cape Madeira, excellent, 1*s.* 6*d.* per bottle.

Now landing, a Consignment of PORTUGAL GRAPES of the first quality, in the highest perfection in jars, from 28 to 30 lb. at 25*s.* per jar.

Depôt at Sussex-place, Old Kent-road, where the above may be had at the same reduced prices.—EDINBURGH ALE, 12*s.* per dozen. No credit.

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# INDEX

TO

## VOLUME THE FIFTH.


A

PAGE.

Abernethy's, Mr. surgical lectures at Bartholomew's....5, 65, 97, 129, 161, 193, 225, 289, 321, 353, 453, 459.
——— and The Lancet 113
——— application for an Injunction against The Lancet, report of, at full.....378—385
Abscesses, chronic, their nature, &c. described ..... 261
——— lumbar, explained .... 289
——— treatment of ..... 290
——— time best adapted for puncturing..... 293
——— fistulæ caused by .... ib.
Absorptions, their varieties, &c. 460
——— interstitial, described 461
——— their degrees and stages..... 462
Affections, acute and sub-acute, described ..... 37
——— their predisposing and exciting causes explained .... ib.
All in the dark at Bartholomew's 141
——— the Farce of.... 144
American Medical Society, prizes of..... 474
Anatomy and Body-snatching, letter on..... 313
Anasarca during pregnancy, case of..... 53
Aneurism, popliteal, case of..... 315
Anthrax, why so called, its nature, &c. ..... 451
Apothecaries' Company v. College of Physicians..... 317
——— notice of, to students 318
——— act, important trial of 346
Aorta, rupture of, case on ..... 471
Armstrong's, Dr., lectures on medicine....37, 72, 108, 136, 197, 231, 262, 294, 326, 353.

B

PAGE.

Bartholomew's Hospital and its Dressers, letter on ..... 345
Bell's, Mr. C., letter to the Governors of Middlesex Hospital, review of..... 274, 301
Bertin, M., on Diseases of the Heart, review of ..... 237
Biliary Canals, case of obliteration of..... 306
Bladder, disease of, treated with buchu leaves ..... 46
Boils, common, their nature, &c. 325
Brain, inflammation of, described 295
——— remedial treatment of, 296-327
——— symptoms of in children, 298-365
——— morbid anatomy of, described ..... 300
——— hydrocephalus internus, nature of..... 326
——— venous congestion of, described ..... ib.
——— organic diseases of, their nature..... ib.
——— utility of blood-letting demonstrated ..... 328
——— value of purgatives in cases of..... 329
——— the kind of purgatives to be used ..... ib.
——— regulation of temperature, its value ..... 330
——— diet, proper ..... 331
——— its prognosis described .. 332
Brodie's, Mr. introductory lecture 20

C

Carbuncles, their nature, &c.... 353
Cephalagia, intermittent quotidian, case of..... 101

PAGE.

Chemistry, paper on ..... 339
Cholera morbus, an account of its progress to Europe ..... 470
Chronic abscesses, their nature, &c. ..... 261
Clinical observations on Medicine and Surgery, by M. Janson.... 212
Cicatrization, process of, described ..... 463
Cornaro, anecdote of, related by Mr. Abernethy ..... 101
Custance's, Mr., Kidderminster, letter on medical jurisprudence 119

D

Delpech, Professor, on Celsus' operation for stone ..... 117
Diet and Digestion, Thackrah's work on ..... 333
Dropsies, Venables on ..... 368

E

Eye, medullary sarcoma of, case of 181
Erysipelas, its character, &c. ... 322
——— treatment of..... 323
——— its influence upon the digestive organs ..... 324

F

Farunculus, or Boil, nature of .. 325
Fevers, their varieties, and causes of.....38, 104, 194
Fever, common congestive, its nature, &c.....39, 136
——— its effect on the brain, heart, liver, &c..... 41
——— its diagnosis and direct causes explained ..... 41
——— post mortem appearances of..... 42
——— remedial treatment of .. 43
——— medical treatment of..72, 109
——— regimenal ditto .....75, 110
——— mental ditto.....75, 111
——— second, or intermediate cause of, explained ..... 77
——— its treatment.... 78
——— third form of, described 79
——— treatment of..... 80
——— arising from depression, explained ..... 104
——— from stimulation.. 105
——— irritants, their varieties, &c. ..... 106
——— common simple, described 107

PAGE.

Fever, arising from general and local simple excitement ..... 108
——— congestive, its predisposing causes, &c..... 138
——— arising from sexual, or general debility ..... 139
——— acquired predisposition ..... ib.
——— hereditary ditto ..... 198
——— remote exciting causes of, explained ..... ib.
Foreign Department; surgical operations and physiological experiments of Continental Practitioners..50, 86, 115, 180, 208, 244, 277, 306, 341, 376, 470.
Forbes on the Stethoscope, review of.....144, 169
Foot, case of laceration of its integuments ..... 483
Fungus, metastasis of an extraordinary one ..... 44

G

Gaitskell's, Mr. case, Castigator on 283
Granulation, process of, described 234
Green's, Mr. Introductory Lecture at St. Thomas's..... 27
——— and his anatomical students, letter on ..... 312
Gun-shot wound in the throat, case of..... 61
Gutarie's, Mr. Introductory Lecture..... 14
Guy's Hospital, reports of....57, 89, 121, 217, 253, 317, 348, 380, 480.
Greasy Poultice, method of making ..... 166

H

Headington's, Mr. Introductory Lecture ..... 34
Hectic Fever, described..... 9
——— its influence on the system ..... 11
——— treatment of..... ib.
Hernia, strangulated, case of, cured by the warm bath and taxis ..... 381
Hip Joint, operations of.... 184, 244
Hole and Corner doings ..... 62
Hospital Reports....57, 89, 121, 217 253, 286, 316, 348, 380, 477
Hot-air Bath, description of .... 81
Hydrophobia, cases of, and remarks on ..... 86
——— remarkable case of cured ..... 214

PAGE.

Hydrocephalus Internus, its nature explained ..... 326
Hydrocianic Acid, chemical means of detecting its presence .... 50
——— ——— effects of on tape worm ..... 277
——— its inutility .... 55
Inflammatory symptomatic fever, its nature ..... 6
——— effect of, upon the nerves ..... 7
——— remedial treatment of ib.

I

Inflammation, its varieties described ..... 129
——— its characteristics .... 130
——— phlegmonous, explained 132
——— treatment of..... 133
——— effects of cold, in cases of 134
——— utility of poultices in .. 135
——— nature of its abscesses 163
——— second termination of, described ..... 161
——— surgical treatment of.. 165
——— mortification, arising from ..... 167
——— chronic, described .... 168
——— its effects upon the system ..... 193
——— treatment of..... 194
——— effects of counter irritation upon ..... 195
——— common, its leading phenomena considered ..... ib.
——— active and passive, described ..... 231
——— effects of ..... 232
——— effusions of, simple, adhesive, and suppurative, explained ..... 233
——— ulceration produced by 234
——— mortification caused by 235
——— remote effects of, described ..... ib.
——— of the brain and its membranes, described..... 263
——— its diagnosis, &c..... 264
——— indications of, direct and indirect ..... 265
——— irritative, its nature, &c. 321
——— treatment of..... 322
——— sub-acute, in children, described ..... 364
——— value of purgatives.... 365
——— danger of administering calomel ..... ib.
——— caution required when given ..... 366

PAGE.

Inflammation, effects of opium in cases of ..... 368
——— marasmus described .. ib.
Influence of local diseases upon the system..... 5
——— ——— their nature, &c. 6
——— ——— remedial treatment of ..... 7
Intermittent fever, its nature, &c. 65
——— remedial treatment of 66
Introductory Lectures of
Mr. Abernethy..... 5
— Guthrie ..... 14
— Brodie ..... 20
— Green..... 27
— Headington ..... 34
Dr. Armstrong..... 353
Iodine, effects of, on the mammary glands ..... 376

L

Letters to the Editor on Medical Abuses....83-4, 118, 119, 191, 252, 278, 312, 345.
Lizars' Anatomical Plates, notice of..... 115
Local diseases, their nature and character ..... 97
——— influence upon the system..... 98
——— variety of cases, illustrative of ..... 100
——— treatment of..... 103
London Hospital, letter on its abuses..... 345
Lumbar Abscesses, their nature, &c..... 289
——— treatment of 290

M

Macilwain on Strictures of the Urethra, review of ..... 463
Maiden's, W. shaft story, Castigator on..... 286
Menstruation by the breasts, case of..... 377
Middlesex Hospital, Reports of.. 60, 93, 123, 255, 349, 482.
Mortification, its true meaning defined ..... 455
——— resulting from cold, its treatment..... 456
——— affecting the ancle, case of ..... 458
——— of the toes in old people explained ..... 459

N

PAGE.

Nerves, fifth pair of, case of their disorganization..... 52
——— series of experiments on their functions, by M. Magendie ..... 473
Neuralgia, case of, cured by oil of turpentine..... 115

O

Œdema, its character and influences ..... 459
——— treatment of..... 460
O'Halloran on Ophthalmia, review of ..... 261
Organic Remains, in Sussex, an account of..... 380

P

Parisian Medical School, lectures at..... 348
Phlegmasia dolens, remarks on, by M. Velpeau..... 343
Phrenological Society, meeting of 207
Poisoning by mushrooms, case of..... 348
Pollenine, its nature, &c. ..... 52
Poultice Greasy, method of making ..... 166

Q

Quina, sulphate of, observations on its properties, by Dr. Barker, Dublin ..... 466

R

Review of Forbes on the Stethoscope..... 144, 169
——— Turner's Outlines of a Medico Chirurgical Education 202
——— Bertin on Diseases of the Heart..... 237
——— O'Halloran on Ophthalmia 261
——— Mr. Charles Bell's Letter to the Governors of Middlesex Hospital..... 274, 301
——— Thackrah on Diet and Digestion ..... 333
——— Venables on Dropsies.... 368
——— Macilwain on Strictures of the Urethra ..... 463

S

Saint Thomas's Hospital, Reports of.. 59, 92, 123, 219, 267, 317, 351, 382, 477.

PAGE.

Scrotum, case of malignant ulceration of, and operation for .. 382
Soda, sub-carbonate of, paper on its efficacy in bronchocele.... 472
Spinal cord, case of compression of..... 382
Splenic vein, rupture of..... 310
Stone, results of the recto vesical, operation for..... 52
——— operation for, by M. Cliver, on himself ..... 376
Stricture, with chronic inflammation, case of ..... 381
Surgical Students and the Materia Medica, letter on ..... 311
Sympathetic irritative fevers, produced by compound fracture.. 11
——— their nature, &c..... ib.
——— remedial treatment of 12
——— their resemblance to inflammatory fever shown.... 13
Synoptical table, showing the properties of the Vegetable principles, and of the alcaloids recently discovered..... 208

T

Testicle fungoid, case of..... 89
Tetanus, its nature and character 68
——— treatment of..... 69
Thackrah on Diet and Digestion, review of ..... 333
Tumours, pendulous, the varieties described ..... 225
——— genus sarcoma, their nature..... 226
——— common vascular, described ..... ib.
——— adipose sarcoma..... ib.
——— pancreatic sarcoma.... 227
——— cystic, or cellular sarcoma 228
——— mammary sarcoma .... ib.
——— pulpy, or medullary ditto ib.
——— tuberculated sarcoma.. 229
——— carcinomatous ditto.... 230
——— encysted ditto ..... 257
——— general treatment of all the varieties ..... 260
Turner's Outlines of a system of Medico-Chirurgical Education, review of ..... 202
Tyrrell, Mr., otherwise "Simon Pure," his bare-faced piracies of The Lancet ..... 82
——— letter upon ..... 83
——— dissection of ..... 112, 249

PAGE.

U

Vagina, cases of complete closure of, after labour..... 277, 343
Venables on Dropsy, review of.. 368
Viscera, case of mal-formation of thoracic and abdominal .... 44

U

Upas, or Ticunas poison, chemical analysis of ..... 339

PAGE

Uterus and Vagina, extraordinary case of a double one, with remarks on, by M. Cassan,... 341

W

Wesminster Hospital, Reports of 62, 94, 127, 220, 286, 316.

———— Clinical lecture at, by Sir A. Carlisle,..... 126